| Fill in this information to | identify your case: |                               |                                   |
|-----------------------------|---------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy    | Court for the:      |                               |                                   |
| MIDDLE DISTRICT OF TE       | ENNESSEE            |                               |                                   |
| Case number (if known)      | 3:17-bk-02080       | Chapter you are filing under: |                                   |
|                             |                     | ■ Chapter 7                   |                                   |
|                             |                     | ☐ Chapter 11                  |                                   |
|                             |                     | ☐ Chapter 12                  |                                   |
|                             |                     | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1:                 | Identify Yourself   |   |   |
|----|-----------------------|---|---|---|
|    |                       |   | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You                   | r full name   |   |   |
|    | youi<br>picti<br>exai | e the name that is on<br>r government-issued<br>ure identification (for<br>mple, your driver's          | Yolanda First name Faye                         | First name                                    |
|    | licer                 | nse or passport).   | Middle name                                     | Middle name                                   |
|    | iden                  | g your picture<br>tification to your<br>ting with the trustee.  | Currie Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2. |                       | other names you have<br>d in the last 8 years   |   |   |
|    |                       | ude your married or<br>den names.   |   |   |
| 3. | you<br>nun<br>Indi    | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>ntification number | xxx-xx-7929                                     |   |

Debtor 1 Yolanda Faye Currie

Case number (if known) 3:17-bk-02080

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)   |
|    |  | EINs  | EINs   |
| 5. | Where you live   | 1720 Knowles St.  | If Debtor 2 lives at a different address:  |
|    |  | Apt. A Nashville, TN 37208-2437 Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Davidson<br>County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.           |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |

| Deb | tor 1 Yolan   | da Faye Cur             | rie               |  |  |   | Case r                                   | number (if known) 3:  | 17-bk-02080   |
|-----|---|-------------------------|-------------------|--|--|---|--|---|---|
| Par | t 2: Tell the   | Court About \           | rour Bank         | ruptcy Ca  | ise  |   |  |   |   |
| 7.  |   | Code you are            |                   |  | orief description of each, see $\Lambda$ go to the top of page 1 and ch  |   |  | C. § 342(b) for Individ   | luals Filing for Bankruptcy   |
|     | choosing to   | file under              | ■ Chapt           | ter 7  |  |   |  |   |   |
|     |   |                         | ☐ Chapt           | ter 11   |  |   |  |   |   |
|     |   |                         | ☐ Chapt           | ter 12   |  |   |  |   |   |
|     |   |                         | ☐ Chapt           | ter 13   |  |   |  |   |   |
| 8.  | How you wil   | pay the fee             | abo<br>ord<br>a p | out how yo<br>er. If your<br>re-printed              |  | e paying<br>yment or                            | the fee yourself, your behalf, you       | you may pay with cas<br>r attorney may pay wit                            | h, cashier's check, or money<br>th a credit card or check with                                |
|     |   |                         | ☐ I re but app    | e Filing Fe<br>equest that<br>is not requires to you | y the fee in installments. If you e in Installments (Official Form the my fee be waived (You may uired to, waive your fee, and mur family size and you are unall on to Have the Chapter 7 Filing | n 103A).<br>/ request<br>nay do so<br>ble to pa | this option only it<br>only if your inco | f you are filing for Cha<br>me is less than 150%<br>ments). If you choose | pter 7. By law, a judge may, of the official poverty line that this option, you must fill out |
| 9.  | Have you file<br>bankruptcy v<br>last 8 years?                      | vithin the              | □ No. ■ Yes.      |  |  |   |  |   |   |
|     |   |                         |                   | District   | TNMD (Ch13<br>Dismissed 02/15/2017)  | When  | 7/10/14                                  | Case number   | 14-05466  |
|     |   |                         |                   | District   | Distilissed 02/15/2017)  | When  | 1710/14                                  | Case number   | 14 00400  |
|     |   |                         |                   | District   |  | When  |  | Case number   |   |
| 40  | A b   |                         | _                 |  |  |   |  |   |   |
| 10. | Are any bank<br>cases pendi   |                         | ■ No              |  |  |   |  |   |   |
|     | filed by a spenot filing this you, or by a partner, or b affiliate? | s case with<br>business | ☐ Yes.            |  |  |   |  |   |   |
|     |   |                         |                   | Debtor   |  |   |  | Relationship to   | you   |
|     |   |                         |                   | District   |  | When  |  | Case number, i  | f known   |
|     |   |                         |                   | Debtor   |  |   |  | Relationship to   |   |
|     |   |                         |                   | District   |  | When  |  | Case number, i  | f known   |
| 11. | Do you rent   | your                    | ■ No.             | Go to li   | ine 12.  |   |  |   |   |
|     | residence?  |                         | ☐ Yes.            | Has yo   | ur landlord obtained an eviction   | n judgm   | ent against you?                         |   |   |
|     |   |                         | 55.               |  | No. Go to line 12.   |   | - ,                                      |   |   |
|     |   |                         |                   |  | Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.   | About ar  | n Eviction Judgme                        | ent Against You (Form   | 101A) and file it as part of  |

| Deb | tor 1 Yolanda Faye Cur   | rie        |                            |  |                                | Case number (if known)   | 3:17-bk-02080   |
|-----|--|------------|----------------------------|--|--------------------------------|--------------------------|---|
|     |  |            |                            |  |                                |                          |   |
| Par | Report About Any Bu  | sinesses ` | You Owr                    | as a Sole Propriet                             | or                             |                          |   |
| 12. | Are you a sole proprietor of any full- or part-time business?  | ■ No.      | Go to                      | Part 4.  |                                |                          |   |
|     |  | ☐ Yes.     | Name                       | and location of bus                            | ness                           |                          |   |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such |            | Name                       | e of business, if any                          |                                |                          |   |
|     | as a corporation, partnership, or LLC.   |            |                            |  |                                |                          |   |
|     | If you have more than one sole proprietorship, use a   |            | Numb                       | per, Street, City, Stat                        | e & ZIP Code                   |                          |   |
|     | separate sheet and attach it to this petition.   |            | Chec                       | k the appropriate bo                           | to describe your business:     |                          |   |
|     | n to une pounem  |            |                            |  | ess (as defined in 11 U.S.C. § | § 101(27A))              |   |
|     |  |            |                            | Single Asset Real                              | Estate (as defined in 11 U.S.0 | C. § 101(51B))           |   |
|     |  |            |                            | Stockbroker (as de                             | efined in 11 U.S.C. § 101(53A  | ))                       |   |
|     |  |            |                            | Commodity Broke                                | (as defined in 11 U.S.C. § 10  | 01(6))                   |   |
|     |  |            |                            | None of the above                              |                                |                          |   |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?            | deadlines  | s. If you ir<br>is, cash-f | ndicate that you are a<br>low statement, and f | a small business debtor, you r | must attach your most re | otor so that it can set appropriate cent balance sheet, statement of do not exist, follow the procedure |
|     | For a definition of small  | No.        | I am ı                     | not filing under Chap                          | ter 11.                        |                          |   |
|     | business debtor, see 11 U.S.C. § 101(51D).   | □ No.      | I am f<br>Code             |  | I1, but I am NOT a small busi  | ness debtor according to | the definition in the Bankruptcy  |
|     |  | ☐ Yes.     | I am f                     | iling under Chapter                            | I1 and I am a small business   | debtor according to the  | definition in the Bankruptcy Code.  |
| ar  | 4: Report if You Own or  | Have Any   | Hazardo                    | ous Property or An                             | Property That Needs Imme       | ediate Attention         |   |
|     | Do you own or have any   |            |                            |  |                                |                          |   |
|     | property that poses or is  | ■ No.      |                            |  |                                |                          |   |
|     | alleged to pose a threat of imminent and identifiable hazard to  | ☐ Yes.     | What is                    | the hazard?                                    |                                |                          |   |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                       |            |                            | diate attention is why is it needed?           |                                |                          |   |
|     | For example, do you own perishable goods, or livestock that must be fed,   |            | Where is                   | s the property?                                |                                |                          |   |

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Debtor 1 Yolanda Faye Currie

Case number (if known) 3:17-bk-02080

Part 5:

## Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Yolanda Faye Cur   | rie                 |  | Case nun   | mber (if known) 3:17-bk-02080   |   |
|-----|---|---------------------|--|--|---|---|
| Par | t 6: Answer These Quest   | ions for R          | eporting Purposes                                  |  |   |   |
| 16. | What kind of debts do you have?   | 16a.                |  | y consumer debts? Consumer debts are described by consumer debts are described by consumer debts are described by consumer debts." | defined in 11 U.S.C. § 101(8) as "incurred b  | by an   |
|     |   |                     | ☐ No. Go to line 16b.                              |  | ts are debts that you incurred to obtain on of the business or investment.  Its or business debts    exempt property is excluded and administrative expenses ed creditors?    25,001-50,000 |   |
|     |   |                     | Yes. Go to line 17.                                |  |   | \$ 101(8) as "incurred by an d to obtain ent.  and administrative expenses  -50,000 -100,000 -100,000 -100,000 -100,000 -100,001 - \$1 billion 0,000,001 - \$50 billion -100,000,001 - \$50 billion -100,000,001 - \$10 billion |
|     |   | 16b.                |  | y business debts? Business debts are del<br>nvestment or through the operation of the b  |   |   |
|     |   |                     | ☐ No. Go to line 16c.                              | - '  |   |   |
|     |   |                     | ☐ Yes. Go to line 17.                              |  |   |   |
|     |   | 16c.                | State the type of debts yo                         | ou owe that are not consumer debts or busi   | iness debts   |   |
| 17. | Are you filing under<br>Chapter 7?  | □ No.               | I am not filing under Chap                         | oter 7. Go to line 18.   |   |   |
|     | Do you estimate that<br>after any exempt<br>property is excluded and<br>administrative expenses | ■ Yes.              |  | 7. Do you estimate that after any exempt pe available to distribute to unsecured creditors   |   | enses   |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors?         |                     | ☐ Yes  |  |   |   |
| 18. | How many Creditors do   | <b>1</b> -49        |  | <b>1</b> ,000-5,000  | <b>1</b> 25,001-50,000  |   |
|     | you estimate that you owe?  | □ 50-99             | 1  | <u></u> 5001-10,000  |   |   |
|     |   | □ 100-1<br>□ 200-9  |  | ☐ 10,001-25,000  | ☐ More than100,000  |   |
| 19. | How much do you estimate your assets to   | \$0 - \$            | 550,000  | □ \$1,000,001 - \$10 million   |   |   |
|     | be worth?   |                     | 01 - \$100,000                                     | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million   |   |   |
|     |   |                     | 001 - \$500,000<br>001 - \$1 million               | □ \$100,000,001 - \$500 million  |   |   |
| 20. | How much do you   | □ \$0 - \$          | 550,000  | □ \$1,000,001 - \$10 million   |   |   |
|     | estimate your liabilities to be?  |                     | 001 - \$100,000                                    | □ \$10,000,001 - \$50 million  |   |   |
|     |   |                     | ,001 - \$500,000<br>,001 - \$1 million             | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million  |   |   |
| Par | t 7: Sign Below   |                     |  |  |   |   |
| For | you   | I have ex           | camined this petition, and I                       | declare under penalty of perjury that the int  | oformation provided is true and correct.  |   |
|     |   |                     |  |  |   | 1,  |
|     |   |                     |  | lid not pay or agree to pay someone who is d the notice required by 11 U.S.C. § 342(b).  |   |   |
|     |   | I request           | relief in accordance with th                       | ne chapter of title 11, United States Code, s  | specified in this petition.   |   |
|     |   | bankrupt<br>and 357 | tcy case can result in fines of 1.                 |  | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341,   |   |
|     |   | Yoland              | Inda Faye Currie<br>a Faye Currie<br>e of Debtor 1 | Signature of De  | ebtor 2   |   |
|     |   | Executed            | d on May 21, 2018                                  | Executed on  |   |   |
|     |   |                     | MM / DD / YYYY                                     |  | MM / DD / YYYY  | _   |

| Debtor 1 Yolanda Faye Curri | e | Case number (if known) | 3:17-bk-02080 |
|-----------------------------|---|------------------------|---------------|
|-----------------------------|---|------------------------|---------------|

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Mary Beth Ausbrooks                | Date          | May 21, 2018               |
|--|---------------|----------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY             |
| Mary Beth Ausbrooks Printed name       |               |                            |
| Rothschild & Ausbrooks PLLC Firm name  |               |                            |
| 1222 16th Avenue South, Suite 12       |               |                            |
| Nashville, TN 37212-2926               |               |                            |
| Number, Street, City, State & ZIP Code |               |                            |
| Contact phone (615) 242-3996           | Email address | notice@rothschildbklaw.com |
| 3463 TN                                |               |                            |
| Day number 9 Ctate                     |               |                            |

| Fill in this info   | rmation to identify your  | case:              |           |                |
|---------------------|---------------------------|--------------------|-----------|----------------|
| Debtor 1            | Yolanda Faye Cu           | rrie               |           |                |
|                     | First Name                | Middle Name        | Last Name |                |
| Debtor 2            |                           |                    |           |                |
| (Spouse if, filing) | First Name                | Middle Name        | Last Name |                |
| United States B     | Sankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE |                |
| Case number         | 3:17-bk-02080             |                    |           |                |
| (if known)          |                           |                    |           | ☐ Check if thi |
|                     |                           |                    |           | amended f      |

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|    | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.   |              | ·                             |
|----|---|--------------|-------------------------------|
| Pa | t 1: Summarize Your Assets  | Your as      | ssets<br>If what you own      |
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                          |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 19,119.00                     |
|    | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 19,119.00                     |
| Pa | t 2: Summarize Your Liabilities   |              |                               |
|    |   |              | <b>abilities</b><br>t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                | \$           | 6,857.78                      |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$           | 971.86                        |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 42,175.91                     |
|    | Your total liabilities  | \$           | 50,005.55                     |
| Pa | t 3: Summarize Your Income and Expenses   |              |                               |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 2,371.35                      |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 2,368.00                      |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records  |              |                               |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                    | ur other sch | nedules.                      |
| 7. | ■ Yes What kind of debt do you have?  |              |                               |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal,  | family, or                    |
|    | Vous dobte are not primarily consumer dobte. You have nothing to report on this part of the form. Check this  | hay and a    | shmit this form to            |

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Official Form 106Sum

the court with your other schedules.

Filed 05/21/18 Entered 05/21/18 10:33:55

page 1 of 2

Best Case Bankruptcy

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,546.46

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Day's A on Cabadida E/E comusto fallousings.  | Total | claim     |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |       |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 971.86    |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 26,477.26 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 27,449.12 |

| Fill in this inform   |   | and this fillian.  |                              |   |
|---|---|--|------------------------------|---|
|   | nation to identify your case  | and this filing:   |                              |   |
| Debtor 1  | Yolanda Faye Currie First Name  | Middle Name Last Name  |                              |   |
| Debtor 2  |   |  |                              |   |
| (Spouse, if filing)   | First Name  | Middle Name Last Name  |                              |   |
| United States Bar   | nkruptcy Court for the: MIDI  | DLE DISTRICT OF TENNESSEE  |                              |   |
| Case number   | 3:17-bk-02080   |  |                              | ☐ Check if this is an   |
|   |   |  |                              | amended filing  |
|   |   |  |                              |   |
| Official Fo   | rm 106A/B   |  |                              |   |
| Schedul   | e A/B: Propert  | V  |                              | 12/15   |
| think it fits best. Be<br>information. If more<br>Answer every ques   | e as complete and accurate as per space is needed, attach a sepation.   | s. List an asset only once. If an asset fits in more than or<br>iossible. If two married people are filing together, both ar<br>irate sheet to this form. On the top of any additional page<br>, or Other Real Estate You Own or Have an Interest In   | e equally responsible for su | upplying correct  |
| 1. Do vou own or h  | ave any legal or equitable inter  | est in any residence, building, land, or similar property?   |                              |   |
| _   |   | g,   |                              |   |
| No. Go to Part  | · <del>- ·</del>  |  |                              |   |
| ☐ Yes. Where is   | s the property?   |  |                              |   |
| Part 2: Describe  | Your Vehicles   |  |                              |   |
| _   | Гоуоtа<br>Camry   | Who has an interest in the property? Check one   | the amount of any secure     | laims or exemptions. Put<br>ed claims on <i>Schedule D:</i><br>ims Secured by Property. |
|   | 2011  | ■ Debtor 1 only □ Debtor 2 only  | Current value of the         | Current value of the  |
| Approximate   | e mileage: 112,000  | Debtor 1 and Debtor 2 only   | entire property?             | portion you own?  |
| Other inform  | nation:   | ☐ At least one of the debtors and another  |                              |   |
|   |   | ☐ Check if this is community property (see instructions)   | \$6,079.00                   | \$6,079.00  |
| Examples: Boat  No  Yes  Add the dolla pages you ha  Part 3: Describe | ts, trailers, motors, personal warrenders, motors, personal warrenders, was a constant to the portion you on the attached for Part 2. Write Your Personal and Household I | nd other recreational vehicles, other vehicles, and atercraft, fishing vessels, snowmobiles, motorcycle active and the state of the sta | r entries for                | \$6,079.00  Current value of the portion you own?  Do not deduct secured                |
|   | ods and furnishings<br>jor appliances, furniture, linen   | s, china, kitchenware  |                              | claims or exemptions.   |

☐ No Official Form 106A/B

Schedule A/B: Property

page 1

| Debtor 1                            | Yolanda Faye Currie  | Case number (if known) 3:17-bk-02080                                |
|-------------------------------------|--|---|
| ■ Yes.                              | Describe   |   |
|                                     | Living Room (150), Dining Room (100), Small K<br>Appliances/Deep Freezer/HHG (200), 3 Bedroom  |   |
|                                     | Located at brother's residence   | \$800.00  |
| □ No                                | nics es: Televisions and radios; audio, video, stereo, and digital equipment; com including cell phones, cameras, media players, games  Describe     | puters, printers, scanners; music collections; electronic devices   |
|                                     | 2 TVs (600), Game Systems/DVD Players (200),<br>Sound/Projector (150)<br>Located at brother's residence  | Surround  |
|                                     | With Debtor: 3 Laptops (400), iPad (50), Cell Ph<br>Headset (500)  | one and Bluetooth \$1,900.00  |
| <i>Example</i> □ No                 | bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, picture other collections, memorabilia, collectibles  Describe | s, or other art objects; stamp, coin, or baseball card collections; |
|                                     | Misc Books/DVDs/CDs/Games (100), Misc Hom  | e Decorations (100)   |
|                                     | Located at brother's residence   | \$200.00  |
| Example ☐ No                        | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, po musical instruments  Describe                 | ool tables, golf clubs, skis; canoes and kayaks; carpentry tools;   |
|                                     | Screen-Print Machine (6000), Exercise Equipme  | ent (200) \$6,200.00  |
| ■ No □ Yes.  11. Clothe  Exam  □ No | oles: Pistols, rifles, shotguns, ammunition, and related equipment  Describe   | es  |
|                                     | Clothing/Shoes/Jackets/Handbags/Hats   | \$500.00  |
| □ No                                | y oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, bescribe   | heirloom jewelry, watches, gems, gold, silver                       |

Official Form 106A/B Schedule A/B: Property page 2

| De  | ebtor 1       | Yolanda Fay                       | e Currie   | 9                           |            | Case no   | umber (if known)     | 3:17-bk-02080   |
|-----|---------------|-----------------------------------|------------|-----------------------------|------------|---|----------------------|---|
| 13. |               | rm animals<br>oles: Dogs, cats, b | oirds, hoi | rses                        |            |   |                      |   |
|     | ■ No          | <b>-</b> "                        |            |                             |            |   |                      |   |
|     | ⊔ Yes.        | Describe                          |            |                             |            |   |                      |   |
| 14. | Any otl ■ No  | her personal and                  | d housel   | hold items you d            | lid not al | ready list, including any health aids you   | u did not list       |   |
|     | ☐ Yes.        | Give specific info                | ormation.  |                             |            |   |                      |   |
| 15  |               |                                   |            |                             |            | ncluding any entries for pages you ha   | e attached           | \$9,900.00  |
| Pa  | rt 4: Des     | scribe Your Financ                | cial Asset | s                           |            |   |                      |   |
| Do  | you ow        | vn or have any le                 | egal or e  | quitable interest           | t in any c | f the following?  |                      | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | ■ No          |                                   | •          | our wallet, in your         |            | a safe deposit box, and on hand when yo   | ou file your petitio | on  |
| 17. | Examp         |                                   |            |                             |            | certificates of deposit; shares in credit uni-<br>ne same institution, list each.                               | ons, brokerage h     | nouses, and other similar   |
|     | □ No<br>■ Yes |                                   |            |                             |            | Institution name:   |                      |   |
|     |               |                                   |            |                             |            |   |                      |   |
|     |               |                                   | 17.1.      | Savings                     |            | Tennessee Teachers Credit Union   | l                    | \$0.00  |
|     |               |                                   | 17.2.      | Savings                     |            | Tennessee Teachers Credit Union   | ı                    | \$250.00  |
| 18. |               |                                   |            | ely traded stocks           |            | e firms, money market accounts  |                      |   |
|     | ■ No          | ,                                 |            |                             |            | , <b>,</b>  |                      |   |
|     | ☐ Yes         |                                   |            | Institution or issu         | ier name:  |   |                      |   |
| 19. |               | iblicly traded sto<br>enture      | ock and    | interests in inco           | rporated   | and unincorporated businesses, inclu  | ding an interes      | t in an LLC, partnership, and   |
|     |               | Give specific info                |            | about them<br>me of entity: |            | % of o  | wnership:            |   |
| 20. | Negoti        | able instruments                  | include p  | ersonal checks,             | cashiers'  | and non-negotiable instruments checks, promissory notes, and money ord o someone by signing or delivering them. |                      |   |
|     | ☐ Yes.        | Give specific info                |            | about them<br>uer name:     |            |   |                      |   |
| 21. | Examp<br>☐ No |                                   | RA, ERIS   | SA, Keogh, 401(k            | ), 403(b), | thrift savings accounts, or other pension of  | or profit-sharing    | plans   |
|     | Yes.          | List each accoun                  |            | ely.<br>of account:         |            | Institution name:   |                      |   |
|     |               |                                   | 401(k      | <b>(</b> )                  |            | Through Employer  |                      | \$2,000.00  |

Official Form 106A/B Schedule A/B: Property page 3

| De  | ebior i Yolanda Faye Curri   | ie   | C                                   | ase number (# known) 3:1      | 7-DK-U2U8U   |
|-----|--|--|-------------------------------------|-------------------------------|--|
| 22. |  | ments<br>its you have made so that you may<br>dlords, prepaid rent, public utilities |                                     |                               | or others  |
|     | ■ No □ Yes   | Institut   | ion name or individual:             |                               |  |
| 23  |  | odic payment of money to you, eithe  | er for life or for a number of      | vears)                        |  |
| 23. | No   | out payment of money to you, entire  | er for life of for a flutfiber of y | years)                        |  |
|     | ☐ Yes Issuer nan   | me and description.  |                                     |                               |  |
| 24. | Interests in an education IRA, i<br>26 U.S.C. §§ 530(b)(1), 529A(b),   | in an account in a qualified ABLE, and 529(b)(1).                                    | E program, or under a qual          | ified state tuition progran   | 1.   |
|     | · · · ·  | name and description. Separately f   | ile the records of any interes      | sts.11 U.S.C. § 521(c):       |  |
| 25. | Trusts, equitable or future inte   | erests in property (other than any   | thing listed in line 1), and        | rights or powers exercisa     | ble for your benefit   |
|     | <ul><li>No</li><li>☐ Yes. Give specific information</li></ul>  |  | ,                                   |                               | ·  |
|     | Examples: Internet domain nam  No  | ks, trade secrets, and other intell<br>nes, websites, proceeds from royalt           |                                     | es                            |  |
|     | ☐ Yes. Give specific information   | about them   |                                     |                               |  |
|     | <ul> <li>Licenses, franchises, and othe Examples: Building permits, exc</li> <li>No</li> <li>Yes. Give specific information</li> </ul> | clusive licenses, cooperative associ   | iation holdings, liquor licenso     | es, professional licenses     |  |
|     | oney or property owed to you?  |  |                                     |                               | Current value of the   |
| 141 | oney or property owed to you:  |  |                                     |                               | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you  |  |                                     |                               |  |
|     | □ No   |  |                                     |                               |  |
|     | Yes. Give specific information   | about them, including whether you  | already filed the returns and       | d the tax years               |  |
|     |  |  |                                     | 1                             |  |
|     |  | 2017 tax refund  |                                     | Federal                       | \$890.00   |
|     |  |  |                                     |                               |  |
| 29. | Family support  Examples: Past due or lump su  No  Yes. Give specific information  | m alimony, spousal support, child s  | upport, maintenance, divorc         | e settlement, property settle | ement  |
| 30. |  | s you<br>bility insurance payments, disability<br>ns you made to someone else        | benefits, sick pay, vacation        | pay, workers' compensation    | on, Social Security  |
|     | ☐ Yes. Give specific information   | 1  |                                     |                               |  |
| 31. | _ '  | s<br>life insurance; health savings acco   | unt (HSA); credit, homeowne         | er's, or renter's insurance   |  |
|     | <ul><li>■ No</li><li>□ Yes. Name the insurance com</li></ul>   | npany of each policy and list its valu   | ıe.                                 |                               |  |
|     |  | ompany name:   | Beneficiary                         | y:                            | Surrender or refund value:                                   |

Official Form 106A/B Schedule A/B: Property page 4

| Del | otor 1          | Yolanda Faye Currie  |                           | Case number (if known)         | 3:17-bk-02080           |
|-----|-----------------|--|---------------------------|--------------------------------|-------------------------|
| _   | If you a        | terest in property that is due you from someone who has a are the beneficiary of a living trust, expect proceeds from a life one has died. |                           | are currently entitled to reco | eive property because   |
| _   | ■ No<br>□ Yes.  | Give specific information  |                           |                                |                         |
| _   |                 | against third parties, whether or not you have filed a laws bles: Accidents, employment disputes, insurance claims, or rig                 |                           | and for payment                |                         |
|     |                 | Describe each claim  |                           |                                |                         |
| _   | Other o         | contingent and unliquidated claims of every nature, include  | ling counterclaims o      | of the debtor and rights to    | set off claims          |
|     | ☐ Yes.          | Describe each claim  |                           |                                |                         |
| _   | Any fin<br>■ No | ancial assets you did not already list   |                           |                                |                         |
|     | ☐ Yes.          | Give specific information  |                           |                                |                         |
| 36. |                 | he dollar value of all of your entries from Part 4, including art 4. Write that number here  |                           | es you have attached           | \$3,140.00              |
| Par | 5: Des          | scribe Any Business-Related Property You Own or Have an Intere   | st In. List any real esta | ite in Part 1.                 |                         |
|     | No. Go          | own or have any legal or equitable interest in any business-related to Part 6. So to line 38.  | d property?               |                                |                         |
| Par |                 | scribe Any Farm- and Commercial Fishing-Related Property You Cou own or have an interest in farmland, list it in Part 1.                   | Own or Have an Interes    | et In.                         |                         |
| 46. | Do you          | own or have any legal or equitable interest in any farm- c   | or commercial fishin      | g-related property?            |                         |
|     | No.             | Go to Part 7.  |                           |                                |                         |
|     | ☐ Yes.          | . Go to line 47.   |                           |                                |                         |
| Par | t <b>7</b> :    | Describe All Property You Own or Have an Interest in That You  | Did Not List Above        |                                |                         |
|     | Examp           | have other property of any kind you did not already list?<br>les: Season tickets, country club membership                                  |                           |                                |                         |
|     | ■ No<br>□ Yes.  | Give specific information  |                           |                                |                         |
| 54. | Add t           | he dollar value of all of your entries from Part 7. Write tha  | t number here             |                                | \$0.00                  |
| Par | 8:              | List the Totals of Each Part of this Form  |                           |                                |                         |
| 55. | Part 1          | : Total real estate, line 2  |                           |                                | \$0.00                  |
| 56. | Part 2          | 2: Total vehicles, line 5  | \$6,079.00                |                                |                         |
| 57. | Part 3          | 3: Total personal and household items, line 15   | \$9,900.00                |                                |                         |
| 58. |                 | l: Total financial assets, line 36   | \$3,140.00                |                                |                         |
| 59. | Part 5          | i: Total business-related property, line 45  | \$0.00                    |                                |                         |
| 60. | Part 6          | 5: Total farm- and fishing-related property, line 52   | \$0.00                    |                                |                         |
| 61. | Part 7          | 7: Total other property not listed, line 54 +  | \$0.00                    |                                |                         |
| 62. | Total           | personal property. Add lines 56 through 61   | \$19,119.00               | Copy personal property to      | otal <b>\$19,119.00</b> |
| 63. | Total           | of all property on Schedule A/B. Add line 55 + line 62   |                           |                                | \$19,119.00             |

Schedule A/B: Property

Official Form 106A/B

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page 5

| Fill in this info   | rmation to identify your  | case:              |           |                       |
|---------------------|---------------------------|--------------------|-----------|-----------------------|
| Debtor 1            | Yolanda Faye Cu           | rrie               |           |                       |
|                     | First Name                | Middle Name        | Last Name |                       |
| Debtor 2            |                           |                    |           |                       |
| (Spouse if, filing) | First Name                | Middle Name        | Last Name |                       |
| United States B     | sankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE |                       |
| Case number         | 3:17-bk-02080             |                    |           | ☐ Check if this is an |
|                     |                           |                    |           | amended filing        |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E  | xempt                                |         |   |                                    |  |  |  |
|----|---|--------------------------------------|---------|---|------------------------------------|--|--|--|
| 1. | Which set of exemptions are you claiming  | ? Check one only, eve                | n if yo | ur spouse is filing with you.                                   |                                    |  |  |  |
|    | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  |                                      |         |   |                                    |  |  |  |
|    | ☐ You are claiming federal exemptions. 11 t   | J.S.C. § 522(b)(2)                   |         |   |                                    |  |  |  |
| 2. | For any property you list on Schedule A/B   | that you claim as exe                | empt,   | fill in the information below.                                  |                                    |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|    |   | Copy the value from<br>Schedule A/B  | Che     | ck only one box for each exemption.                             |                                    |  |  |  |
|    | Living Room (150), Dining Room  | \$800.00                             |         | \$800.00  | Tenn. Code Ann. § 26-2-103         |  |  |  |
|    | (100), Small Kitchen Appliances/Deep<br>Freezer/HHG (200), 3 Bedrooms (350)         |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Located at brother's residence<br>Line from <i>Schedule A/B</i> : <b>6.1</b>        |                                      |         | ,,,,,   |                                    |  |  |  |
|    | 2 TVs (600), Game Systems/DVD<br>Players (200), Surround                            | \$1,900.00                           |         | \$1,360.00  | Tenn. Code Ann. § 26-2-103         |  |  |  |
|    | Sound/Projector (150) Located at brother's residence                                |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | With Debtor: 3 Laptops (400), iPad (50), Cell Phone and Bluetooth Headset (500)     |                                      |         |   |                                    |  |  |  |
|    | Line from Schedule A/B: 7.1   |                                      |         |   |                                    |  |  |  |
|    | Misc Books/DVDs/CDs/Games (100),<br>Misc Home Decorations (100)                     | \$200.00                             |         | \$200.00  | Tenn. Code Ann. § 26-2-103         |  |  |  |
|    | Located at brother's residence Line from Schedule A/B: 8.1                          |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |

| Debto | Yolanda Faye Currie   |                                      |        | Case number (if known)  | 3:17-bk-02080                       |
|-------|---|--------------------------------------|--------|---|-------------------------------------|
|       | rief description of the property and line on chedule A/B that lists this property     | Current value of the portion you own | Amo    | ount of the exemption you claim                                 | Specific laws that allow exemption  |
|       |   | Copy the value from<br>Schedule A/B  | Che    | ck only one box for each exemption.                             |                                     |
|       | creen-Print Machine (6000),<br>xercise Equipment (200)                                | \$6,200.00                           |        | \$6,200.00  | Tenn. Code Ann. § 26-2-103          |
|       | ne from <i>Schedule A/B</i> : <b>9.1</b>  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                     |
| C     | lothing/Shoes/Jackets/Handbags/H  | \$500.00                             |        | \$500.00  | Tenn. Code Ann. § 26-2-104          |
|       | ne from <i>Schedule A/B</i> : <b>11.1</b>   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                     |
|       | ostume Jewelry/Watches ne from Schedule A/B: 12.1                                     | \$300.00                             |        | \$300.00  | Tenn. Code Ann. § 26-2-103          |
| LI    | THE HOTH SCHEdule A/B. 12.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                     |
|       | avings: Tennessee Teachers Credit   | \$250.00                             |        | \$250.00  | Tenn. Code Ann. § 26-2-103          |
| _     | ne from <i>Schedule A/B</i> : <b>17.2</b>   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                     |
|       | 01(k): Through Employer ne from Schedule A/B: 21.1                                    | \$2,000.00                           |        | \$2,000.00  | Tenn. Code Ann. §<br>26-2-111(1)(D) |
|       | The Holli Genedule A.B. 2111  |                                      |        | 100% of fair market value, up to any applicable statutory limit | 202 111(1)(0)                       |
|       | ederal: 2017 tax refund   | \$890.00                             |        | \$890.00  | Tenn. Code Ann. § 26-2-103          |
|       | The Holli Golledale / V.D. 2511   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                     |
|       | re you claiming a homestead exemption of Subject to adjustment on 4/01/19 and every 3 |                                      |        | led on or after the date of adjustmen                           | ıt.)                                |
|       |   | d by the exemption wi                | thin 1 | ,215 days before you filed this case?                           | ?                                   |
|       | □ No □ Yes  |                                      |        |   |                                     |

| Corporation  Attn: Officer Manager or Agent  Attn: Officer Manager or Agent  222 Las Colinas Blvd W #1800  Irving, TX 75039-5438  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only An agreement you made (such as mortgage or secured carl loan) Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  07/17/2013  Last 4 digits of account number  XXXX  Add the dollar value of your entries in Column A on this page. Write that number here: \$6,857.78  Write that number here: \$6,857.78  Fart 2: List Others to Be Notified for a Debt That You Already Listed  Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1, for example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.  Name, Number, Street, City, State & Zip Code Exeter Finance Corp/Bankruptcy Dept Attr: Officer Manager or Agent  |                |  |  |   |                            |                           |               |
|--|----------------|--|--|---|----------------------------|---------------------------|---------------|
| Debtor 2   First Name   Middle Name   Lod Name     Lod Name     Lod Name   Lod Name     |                |  |  |   |                            |                           |               |
| Debtor 2   Content   Test Name   | Debt           |  |  | Last Name                               |                            |                           |               |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE  Case number 3:17-bk-02080     If trown   | Debt           |  | madio Name   | <u> Laot Hame</u>                       |                            |                           |               |
| Case number 3:17-bk-02080    Check if this is an amended filing  | (Spou          | se if, filing) First Name  | Middle Name  | Last Name                               |                            |                           |               |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space a needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unther (if income).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  List all secured Claims  List All Secured Claims  List All Secured Claims  Deacribes the claims in alphabetical order according to the creditor's name.  Attn: Officer Manager or Agent  Agent Seeks, City, State & 2p Code  Who owes the debt? Check one.  Describe the property that secures the claim:  Describes the property that secures the claim:  Seeks S. 78  Seeks City, State & 2p Code  Unliquidated  Disputed  Nature of lien. Check all that apply.  All least one of the debtors and another of lien. The claim is clinex all that apply.  All least one of the debtors and another of lien. Check all that apply.  All least one of the debtors and another of lien. Check all that apply.  All least one of the debtors and another of lien. Check all that apply.  Deather 1 and Debtor 2 only  Debtor 2 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 2 only  Debtor 2 only  Debtor 2 only  Debtor 3 only 1 and 3  | Unite          | ed States Bankruptcy Court for th  | e: MIDDLE DISTRICT OF TI   | ENNESSEE                                |                            | -                         |               |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space a needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case unther (if income).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  List all secured Claims  List All Secured Claims  List All Secured Claims  Deacribes the claims in alphabetical order according to the creditor's name.  Attn: Officer Manager or Agent  Agent Seeks, City, State & 2p Code  Who owes the debt? Check one.  Describe the property that secures the claim:  Describes the property that secures the claim:  Seeks S. 78  Seeks City, State & 2p Code  Unliquidated  Disputed  Nature of lien. Check all that apply.  All least one of the debtors and another of lien. The claim is clinex all that apply.  All least one of the debtors and another of lien. Check all that apply.  All least one of the debtors and another of lien. Check all that apply.  All least one of the debtors and another of lien. Check all that apply.  Deather 1 and Debtor 2 only  Debtor 2 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 2 only  Debtor 2 only  Debtor 2 only  Debtor 3 only 1 and 3  | Case           | e number 3:17-bk-02080   |  |   |                            |                           |               |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property  12/15  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space a needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case needed, copy the Additional Pages, write your name and case needed, copy the Additional Pages, write your name and case needed, copy the Additional Pages, write your name and case needed claims. If a credition is not the count with your other schedules. You have nothing else to report on this form.  2. List all secured Claims.  3. Column A.  4. Amount of claim Done deduct the yalue of collisteral by value of collisteral by value of collisteral.  4. Amount of claim Done deduct the yalue of collisteral by value of collisteral.  4. Amount of claim Done deduct the yalue of collisteral.  5. Column A.  5. Amount of claim Done deduct the yalue of collisteral.  5. Column B.  4. Amount of claim Done deduct the yalue of collisteral.  5. Column C.  2. List of the date is not pheblicated order according to the creditors a name.  4. Amount of claim Done deduct the yalue of collisteral by value of collisteral.  5. Column B.  4. Amount of claim Done deduct the yalue of collisteral by value of collisteral.  5. Column B.  6. (ABST.78)  5. (ABST.78)  6. (ABST.78)  | I              |  |  |   |                            | ☐ Check                   | if this is an |
| Sea se complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).    On any creditors have claims secured by your property?   |                |  |  |   |                            | ameno                     | ded filing    |
| Sea se complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).    On any creditors have claims secured by your property?   | Offi           | cial Form 106D   |  |   |                            |                           |               |
| a needed, copy the Additional Pages, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known) are claims secured by your property?    No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.   | Scl            | nedule D: Creditor   | s Who Have Clain   | ns Secured                              | by Propert                 | у                         | 12/15         |
| Do any creditors have claims secured by your property?   |                |  |  |   |                            |                           |               |
| No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Yes, Fill in all of the information below.  |                | •  |  |   |                            |                           |               |
| ■ Yes. Fill in all of the information below.    Part 1: List All Secured Claims   Column A   Column A   Amount of claim   Dond deduct in the supports this of ceach claim.   If a creditor has more than one secured claim, list the creditor separately for each claim.   The more than one creditor has a particular claim, list the other creditors in Part 2. As   Amount of claim   Dond deduct in the supports this claim related to collateral   Value of collateral  |                | _ •  |  | adh an a ala colodoro N                 | and have made to so at the | a nament and the fee      |               |
| 2. List all secured claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim port of cache claim. If more than one creditor has a particular claim, list the other creditor's name.  2.1 Exeter Finance  Corporation  Describe the property that secures the claim:  Attn: Officer Manager or Agent 222 Las Colinas BIvd W #1800  Irving, TX 75039-5438  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 1 only  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At all east one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred  O7/17/2013  Last 4 digits of account number  XXXX   Amount of claim bon of collateral that supports this value of collateral that supports this claim relates to a community debt  Date debt was incurred  O7/17/2013  Last 4 digits of account number  XXXX   Add the dollar value of your entries in Column A on this page. Write that number here:  \$6,857.78  \$6,079.00  \$5,778.78  \$6,079.00  \$778.78  \$78.78  \$6,079.00  \$778.78  \$78   |                | _  | •  | otner schedules. Yo                     | ou nave nothing else t     | o report on this form.    |               |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has more than one secured claim, list the creditor in Part 2. As Amount of claim can be contained as particular claim, list the other creditors in Part 2. As Donot deduct the value of collateral.  2.1 Exeter Finance Corporation  Corporation  Describe the property that secures the claim:  2.2 Las Colinas Blvd W #1800  Irving, TX 75039-5438  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only  Debtor 1 only  Debtor 1 and Debtor 2 only  Debtor 2 only  Debtor 2 only  Debtor 4 and Debtors and another Check it list claim relates to a community debt  Date debt was incurred 07/17/2013  Add the dollar value of your entries in Column A on this page. Write that number here:  Ent 2: List Others to Be Notified for a Debt That You Already Listed  Use this page only if you have others to be notified about your bankruptcy for a debt that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill our out number where:  Name, Number, Street, City, State & Zip Code  Exeter Finance Corp/Bankruptcy Dept Attn: Officer Manager or Agent  Last 4 digits of account number  Last 4 digits of account number here:  Section B Amount of claim that supports this claim related that supports this claim related that supports this claim related that supports this claim related.  Septime of Collateral.  Section B Amount of claim that supports this claim.  Section B Amount of claim that supports this claim.  Section B Amount of claim that supports this claim.  Section B Amount of claim that supports this claim.  Section B Amount of claim.  Section B Amount of claim that supports this claim related.  Section B Amount of claim that supports this claim.  Section B Amount of claim.  Section B Amount of claim that supports this claim related.  Section B Amount of claim.  Section B Amount of c   |                |  | n below.   |   |                            |                           |               |
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| 2.1 Exter Finance Corporation  Describe the property that secures the claim: Creditor's Name Attn: Officer Manager or Agent As of the date you file, the claim is: Check all that apply.    Contingent   Check of this claim relates to a community debt   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Check of the debt was incurred   O7/17/2013   Last 4 digits of account number   East 4 digits of account number here:   |                |  |  |   |                            |                           |               |
| Corporation Creditor's Name Attn:: Officer Manager or Agent Agent As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed Nature of lien. Check all that apply.  As a fire date you file, the claim is: Check all that apply.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Attast one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred O7/17/2013  Last 4 digits of account number  Add the dollar value of your entries in Column A on this page. Write that number here:  Series List Others to Be Notified for a Debt That You Already Listed  Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1, and then list the collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any of the debts hat you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any of the debts in Part 1, do not fill out or submit this page.  Name, Number, Street, City, State & Zip Code Exeter Finance Corp/Bankruptcy Dept Attr. Officer Manager or Agent  |                | as possible, list the claims in alphabe                                      | •  |   | Do not deduct the          | that supports this        | portion       |
| As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another community debt  Check if this claim relates to a community debt  Date debt was incurred  O7/17/2013  Last 4 digits of account number  At this is the last page of your form, add the dollar value totals from all pages.  Write that number here:  \$6,857.78  If this is the last page of your orm, add the dollar value totals from all pages.  Write that number here:  \$6,857.78  On which line in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed did not result this page.  Name, Number, Street, City, State & Zip Code Exeter Finance Corp/Bankruptcy Dept Attn: Officer Manager or Agent  | 2.1            |  | Describe the property that sec   | ures the claim:                         | \$6,857.78                 | \$6,079.00                | \$778.78      |
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| As of the date you file, the claim is: Check all that apply.    Ving, TX 75039-5438     Number, Street, City, State & Zip Code     Debtor 1 only   |                | _  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                            |                           |               |
| #1800   Irving, TX 75039-5438  |                | _  | As of the date you file, the clai  | m is: Check all that                    |                            |                           |               |
| Number, Street, City, State & Zip Code   Unliquidated   Disputed   |                |  | apply.   |   |                            |                           |               |
| Who owes the debt? Check one.    Disjuted   Nature of lien. Check all that apply.  |                | Irving, TX 75039-5438  | ☐ Contingent   |   |                            |                           |               |
| Who owes the debt? Check one.    Debtor 1 only   |                | Number, Street, City, State & Zip Code                                       | •  |   |                            |                           |               |
| □ Debtor 1 only □ An agreement you made (such as mortgage or secured car loan) □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Check if this claim relates to a community debt □ Other (including a right to offset) □ PMSI □ Other (including a right to offset) □ PMSI □ Add the dollar value of your entries in Column A on this page. Write that number here: \$6,857.78 □ If this is the last page of your form, add the dollar value totals from all pages. □ \$6,857.78 □ Fart 2: List Others to Be Notified for a Debt That You Already Listed □ Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.  □ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.1 □ Exact 4 digits of account number □ Last 4  | Who            | owes the deht? Cheek and   |  | nnly                                    |                            |                           |               |
| Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred 07/17/2013  Last 4 digits of account number xxxxx   Add the dollar value of your entries in Column A on this page. Write that number here: S6,857.78 If this is the last page of your form, add the dollar value totals from all pages. Write that number here: S6,857.78  Write that number here: S6,857.78  Write that number here: Fart 2: List Others to Be Notified for a Debt That You Already Listed  Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.  Name, Number, Street, City, State & Zip Code Exeter Finance Corp/Bankruptcy Dept Attn: Officer Manager or Agent PO Box 201347  | _              |  | _  | ,                                       | urod                       |                           |               |
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| Add the dollar value of your entries in Column A on this page. Write that number here:    State   Stat   |                |  | ☐ Statutory lien (such as tax lie  | n mechanic's lien)                      |                            |                           |               |
| Check if this claim relates to a community debt  Date debt was incurred 07/17/2013  Last 4 digits of account number XXXX  Add the dollar value of your entries in Column A on this page. Write that number here: \$6,857.78  If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$6,857.78  List Others to Be Notified for a Debt That You Already Listed  Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you listed in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.  Name, Number, Street, City, State & Zip Code Exeter Finance Corp/Bankruptcy Dept Attn: Officer Manager or Agent PO Box 201347   |                |  |  |   |                            |                           |               |
| Add the dollar value of your entries in Column A on this page. Write that number here:  If this is the last page of your form, add the dollar value totals from all pages.  Write that number here:  \$6,857.78    Fart 2: List Others to Be Notified for a Debt That You Already Listed    Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.    Name, Number, Street, City, State & Zip Code Exeter Finance Corp/Bankruptcy Dept Attn: Officer Manager or Agent PO Box 201347    Last 4 digits of account number Last 4 digits of account number   | □с             | heck if this claim relates to a  | _  | set) PMSI                               |                            |                           |               |
| Add the dollar value of your entries in Column A on this page. Write that number here:  If this is the last page of your form, add the dollar value totals from all pages.  Write that number here:  \$6,857.78  Write that number here:  \$6,857.78  List Others to Be Notified for a Debt That You Already Listed  Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.  Name, Number, Street, City, State & Zip Code  Exeter Finance Corp/Bankruptcy Dept  Attn: Officer Manager or Agent  PO Box 201347  Add the dollar value for that number in Part 1 did you enter the creditor?  2.1  Last 4 digits of account number in Part 2 did you enter the creditor.  | C              | community debt   |  |   |                            |                           |               |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here:    \$6,857.78   | Date           | debt was incurred 07/17/2013   | Last 4 digits of account   | number XXXX                             |                            |                           |               |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here:  \$6,857.78  List Others to Be Notified for a Debt That You Already Listed  Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.  Name, Number, Street, City, State & Zip Code Exeter Finance Corp/Bankruptcy Dept Attn: Officer Manager or Agent PO Box 201347  Last 4 digits of account number  Last 4 digits of account number   |                |  |  |   |                            |                           |               |
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| trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.  Name, Number, Street, City, State & Zip Code  Exeter Finance Corp/Bankruptcy Dept  Attn: Officer Manager or Agent  PO Box 201347  At the collection agency here. Similarly, if you have more than one creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditors here. If you do not have additional persons to be notified for any debts in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, list the additional credito   |                |  | •  |   |                            |                           |               |
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| Exeter Finance Corp/Bankruptcy Dept Attn: Officer Manager or Agent PO Box 201347  Last 4 digits of account number  |                | Name Number Street City State  | & Zin Code   |   |                            |                           |               |
| Attn: Officer Manager or Agent  Last 4 digits of account number  PO Box 201347   |                |  |  | On whic                                 | n line in Part 1 did you e | nter the creditor? 2.1    |               |
|  |                | Attn: Officer Manager or A   |  | Last 4 d                                | ligits of account number   | <u></u>                   |               |
| Arlington TX 76006   |                | PO Box 201347<br>Arlington, TX 76006   |  |   |                            |                           |               |

Official Form 106D

| Depto | <sup>or 1</sup> Yolanda Fay | e Currie  |           | Case number (if know)               | 3:17-bk-02080        |  |
|-------|-----------------------------|---|-----------|-------------------------------------|----------------------|--|
|       | First Name                  | Middle Name                                       | Last Name |                                     |                      |  |
|       | Nama Number Ctres           | et, City, State & Zip Code                        |           |                                     | 0.4                  |  |
|       |                             | et, City, State & Zip Code<br>Corp/Bankruptcy Dep | t         | On which line in Part 1 did you ent | er the creditor? 2.1 |  |
|       | Attn: Officer Ma            | nager or Agent                                    |           | Last 4 digits of account number     | _                    |  |
|       | PO Box 204480               |   |           |                                     |                      |  |
|       | Dallas, TX 7532             | 0   |           |                                     |                      |  |

| Fill in                              | n this info   | ormation to identify your case:  |   |   |   | 1  |  |
|--------------------------------------|---|--|---|---|---|--|--|
|                                      |   |  |   |   |   |  |  |
| Debte                                | OI I  | Yolanda Faye Currie First Name   | Middle Name   | Last Name   |   |  |  |
| Debte                                |   |  |   |   |   |  |  |
| (Spous                               | se if, filing)  | First Name   | Middle Name   | Last Name   |   |  |  |
| Unite                                | d States E  | Bankruptcy Court for the: MIDD   | LE DISTRICT OF  | TENNESSEE   |   |  |  |
| Case                                 | number  | 3:17-bk-02080  |   |   |   |  |  |
| (if knov                             | wn)   |  |   |   |   |  | k if this is an<br>ided filing                             |
| Ott:                                 | alal Fa   | 400F/F   |   |   |   | 1  | 3  |
|                                      |   | <u>rm 106E/F</u><br><b>E/F: Creditors Who</b> H  | lave Unseci   | ured Claims   |   |  | 12/15  |
| any ex<br>Sched<br>Sched<br>left. At | ecutory coule G: Exe<br>ule D: Cred<br>tach the C<br>and case n | and accurate as possible. Use Part 1<br>ontracts or unexpired leases that cor<br>cutory Contracts and Unexpired Lea<br>ditors Who Have Claims Secured by<br>ontinuation Page to this page. If you<br>number (if known).  All of Your PRIORITY Unsecure | uld result in a claim.<br>Ises (Official Form 1<br>Property. If more sp<br>I have no informatio | . Also list executory cont<br>106G). Do not include any<br>pace is needed, copy the | racts on Schedule A/B:<br>creditors with partially<br>Part you need, fill it out, | Property (Official Fo<br>secured claims that<br>number the entries | orm 106A/B) and on<br>are listed in<br>in the boxes on the |
| 1. D                                 | o any cred  | litors have priority unsecured claims  | against you?  |   |   |  |  |
|                                      | No. Go to   | Part 2.  |   |   |   |  |  |
|                                      | Yes.  |  |   |   |   |  |  |
| P                                    | art 1. If mo  | the claims in alphabetical order according than one creditor holds a particular of anation of each type of claim, see the in   | claim, list the other cre   | editors in Part 3.  |   | laims, fill out the Con  Priority  amount                          | tinuation Page of  Nonpriority  amount                     |
| 2.1                                  | IRS In  | solvency   | Last 4 digits of  | f account number  | \$971.86  | \$971.80   | 6 \$0.00   |
|                                      | Attn:   | Creditor's Name Officer Manager or Agent ox 7346   | When was the  | debt incurred?  |   | _  |  |
|                                      | Philad  | delphia, PA 19101-7346   | _   |   |   |  |  |
|                                      |   | Street City State Zlp Code   |   | you file, the claim is: Che   | ck all that apply   |  |  |
|                                      |   | red the debt? Check one.   | ☐ Contingent  |   |   |  |  |
|                                      | Debtor  | •  | Unliquidated  | d   |   |  |  |
|                                      | Debtor :  | 2 only   | Disputed  |   |   |  |  |
|                                      | Debtor  | 1 and Debtor 2 only  |   | RITY unsecured claim:   |   |  |  |
|                                      | At least  | one of the debtors and another   |   | upport obligations  |   |  |  |
|                                      |   | if this claim is for a community deb   |   | certain other debts you owe   | =   |  |  |
|                                      |   | m subject to offset?   |   | leath or personal injury whil   | e you were intoxicated  |  |  |
|                                      | ■ No<br>□ Yes   |  | Other. Spec   | ify   |   |  | _  |
| Part                                 | 2. List   | All of Your NONPRIORITY Unse   | oured Claims  |   |   |  |  |
|                                      |   | litors have nonpriority unsecured cla  |   |   |   |  |  |
| _                                    | _   | have nothing to report in this part. Sub   |   | ourt with your other schedule   | es.   |  |  |
| _                                    | Yes.  | <u> </u>   |   | ,   |   |  |  |
| u<br>th                              | nsecured cl   | our nonpriority unsecured claims in laim, list the creditor separately for eac ditor holds a particular claim, list the ot   | h claim. For each clai  | im listed, identify what type   | of claim it is. Do not list c   | laims already include  | d in Part 1. If more                                       |

Total claim

| Donk of America NA/L 1 O1                                    |   |          |
|--|---|----------|
| Bank of America NA/Legal Order Process                       | Last 4 digits of account number   | \$0.0    |
| Nonpriority Creditor's Name Attn: Officer                    | When was the debt incurred?   |          |
| PO Box 15047   |   |          |
| Wilmington, DE 19850-5047  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.                            | ,   |          |
| ■ Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |          |
| ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                     | ☐ Student loans   |          |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |          |
| Is the claim subject to offset?                              | report as priority claims   |          |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Yes  | Other. Specify Notice   |          |
| Capio Partners LLC   | Last 4 digits of account number 96xx  | \$117.61 |
| Nonpriority Creditor's Name Attn: Officer Manager or Agent   | When was the debt incurred?   |          |
| 2222 Texoma Pkwy #150<br>Sherman, TX 75090                   | When was the dest incurred:   |          |
| Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.                            |   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |          |
| ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                     | ☐ Student loans   |          |
| debt<br>Is the claim subject to offset?                      | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| Yes  | ■ Other. Specify RE: Centennial Medical Center  |          |
| Check Into Cash  | Last 4 digits of account number   | \$402.50 |
| Nonpriority Creditor's Name                                  |   | , - 10   |
| Attn: Officer Manager or Agent<br>7052 Charlotte Pike        | When was the debt incurred?   |          |
| Nashville, TN 37209  Number Street City State Zlp Code       | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.                            | ,   |          |
| ■ Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | □ Unliquidated  |          |
| ☐ Debtor 1 and Debtor 2 only                                 | □ Disputed  |          |
| ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                     | ☐ Student loans   |          |
| debt Is the claim subject to offset?                         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |          |

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify Loan

| Davidson County Traffic Warrants<br>Div.   | Last 4 digits of account number   | \$  |
|--|---|-----|
| Nonpriority Creditor's Name 408 2nd Avenue North PO Box 196302                                 | When was the debt incurred?   |     |
| Nashville, TN 37219  Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim is: Check all that apply   |     |
| ■ Debtor 1 only  | ☐ Contingent  |     |
| Debtor 2 only  | ☐ Unliquidated  |     |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |     |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |     |
| ☐ Check if this claim is for a community   | ☐ Student loans   |     |
| debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |     |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |     |
| □Yes   | Other. Specify  |     |
| Enhanced Recovery Corp   | Last 4 digits of account number 2219  | \$( |
| Nonpriority Creditor's Name<br>Attn: Officer Manager or Agent<br>PO Box 57547                  | When was the debt incurred?   |     |
| Jacksonville, FL 32241   | _   |     |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                           | As of the date you file, the claim is: Check all that apply   |     |
| Debtor 1 only  | ☐ Contingent  |     |
| Debtor 2 only  | ☐ Unliquidated  |     |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |     |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |     |
| ☐ Check if this claim is for a community   | ☐ Student loans   |     |
| debt<br>Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |     |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |     |
| Yes  | ■ Other. Specify RE: Sprint   |     |
| Family Practice Assoc So Hills Nonpriority Creditor's Name                                     | Last 4 digits of account number   | ;   |
| Attn: Officer Manager or Agent<br>3 Maryland Farms #250  | When was the debt incurred?   |     |
| Brentwood, TN 37027-5053  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |     |
| Debtor 1 only  | Continued.  |     |
|  | ☐ Contingent  |     |
| Debtor 2 only  | ☐ Unliquidated  |     |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |     |
| At least one of the debtors and another  | Student loans   |     |
| ☐ Check if this claim is for a community debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |     |
| Is the claim subject to offset?  | report as priority claims   |     |

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify

| Debtor | 1 Yolanda Faye Currie  | Case number (if know) 3:17-bk-02080   |          |
|--------|--|---|----------|
| 4.7    | Fingerhut  | Last 4 digits of account number   | \$901.10 |
|        | Nonpriority Creditor's Name Attn: Officer Manager or Agent PO Box 1250                                   | When was the debt incurred?   |          |
| -      | Saint Cloud, MN 56395-1250  Number Street City State Zlp Code  Who incurred the debt? Check one.         | As of the date you file, the claim is: Check all that apply   |          |
|        | ■ Debtor 1 only  | ☐ Contingent  |          |
|        | Debtor 2 only  | ☐ Unliquidated  |          |
|        | Debtor 1 and Debtor 2 only   | □ Disputed  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|        | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|        | ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |          |
|        | Yes  | Other. Specify  |          |
| 4.8    | Ft Sill National Bank Nonpriority Creditor's Name  | Last 4 digits of account number XXXX  | \$462.98 |
|        | Attn: Officer<br>511 SW A Ave  | When was the debt incurred?   |          |
|        | Lawton, OK 73501  Number Street City State Zlp Code  Who incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply   |          |
|        | ■ Debtor 1 only  | ☐ Contingent  |          |
|        | Debtor 2 only  | □ Unliquidated  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|        | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|        | Yes  | Other. Specify  |          |
| 4.9    | Gilpin, David A MD   | Last 4 digits of account number   | \$90.07  |
|        | Nonpriority Creditor's Name Attn: Officer Manager or Agent 395 Wallace Road, Ste 201 Nashville, TN 37211 | When was the debt incurred?   |          |
| -      | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |          |
|        | Who incurred the debt? Check one.  |   |          |
|        | Debtor 1 only  | ☐ Contingent  |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|        | ☐ Check if this claim is for a community   | Student loans   |          |
|        | debt Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims          |          |
|        | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|        | ☐ Yes  | Other. Specify  |          |

| Debto    | Yolanda Faye Currie   | Case number (if know) 3:17-bk-020   | 080        |
|----------|---|---|------------|
| 4.1      | Labcorp   | Last 4 digits of account number   | \$17.47    |
| 0        | Nonpriority Creditor's Name % LCA Collections PO Box 2240                                       | When was the debt incurred?   |            |
|          | Burlington, NC 27216-2240  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | Пол   |            |
|          | ☐ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |            |
|          |   |   |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
|          | At least one of the debtors and another   | Student loans   |            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?                   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                   |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | Yes   | Other. Specify  |            |
| 4.1      | LCA Collections   | Last 4 digits of account number 0785  | \$19.61    |
| <u>'</u> | Nonpriority Creditor's Name Attn: Officer Manager or Agent PO Box 2240                          | When was the debt incurred?   | <u>*</u> . |
|          | Rurlington, NC 27216-2240 Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt  | Obligations arising out of a separation agreement or divorce that you did not   |            |
|          | Is the claim subject to offset?   | report as priority claims   |            |
|          | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | Yes   | Other. Specify  |            |
| 4.1      | Longs Park Emergency Phys PLLC Nonpriority Creditor's Name                                      | Last 4 digits of account number   | \$185.96   |
|          | Attn: Officer Manager or Agent PO Box 13667   | When was the debt incurred?   |            |
|          | Philadelphia, PA 19101  Number Street City State Zlp Code                                       | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.   | ,   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | $\hfill \square$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | Yes   | Other. Specify  |            |

| Debt     | or 1 Yolanda Faye Currie  | Case number (if know) 3:17-bk-0208  | 30         |
|----------|---|---|------------|
| 4.1<br>3 | Metro Water Services  | Last 4 digits of account number   | \$150.00   |
| <u>.</u> | Nonpriority Creditor's Name Attn: Officer Manager or Agent 1700 Third Avenue North Nashville, TN 37208-2248 | When was the debt incurred?   | ,          |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | lacksquare Debts to pension or profit-sharing plans, and other similar debts                              |            |
|          | Yes   | Other. Specify Utility  |            |
| 4.1<br>4 | Nashville State Community College   | Last 4 digits of account number   | \$2,105.62 |
|          | Nonpriority Creditor's Name Attn: Bursar's Office 120 White Bridge Road Nashville, TN 37209                 | When was the debt incurred?   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt  | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |            |
|          | Is the claim subject to offset?   | report as priority claims   |            |
|          | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes   | Other. Specify  |            |
| 4.1<br>5 | NCO Credit Services   | Last 4 digits of account number 8814  | \$121.00   |
|          | Nonpriority Creditor's Name Attn: Officer Manager or Agent 507 Prudential Road Horsham, PA 19044            | When was the debt incurred?   |            |
|          | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.   |   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | □ Yes   | Other. Specify RE: Centennial Medical Center HCA  |            |
|          | <b>_</b> 163  | Other. Specify The Centennial Medical Center FICA   |            |

| Debto | Yolanda Faye Currie   | Case number (if know) 3:17-bk-02080   |          |
|-------|---|---|----------|
| 4.1   | NCO Financial   | Last 4 digits of account number 0220  | \$599.00 |
|       | Nonpriority Creditor's Name Attn: Officer Manager or Agent PO Box 15636 Wilmington DE 10850     | When was the debt incurred?   |          |
|       | Wilmington, DE 19850  Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.   |   |          |
|       | Debtor 1 only   | Contingent  |          |
|       | Debtor 2 only   | ☐ Unliquidated  |          |
|       | Debtor 1 and Debtor 2 only  | Disputed  |          |
|       | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |          |
|       | ☐ Check if this claim is for a community debt   |   |          |
|       | Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | Yes   | ■ Other. Specify RE: Yellow Poplar Emergency Physicians   |          |
| 4.1   | NCO Financial   | Last 4 digits of account number 0238  | \$599.00 |
|       | Nonpriority Creditor's Name Attn: Officer Manager or Agent PO Box 15636 William record DE 10050 | When was the debt incurred?   |          |
|       | Wilmington, DE 19850  Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim is: Check all that apply   |          |
|       | Debtor 1 only   | ☐ Contingent  |          |
|       | Debtor 2 only   | ☐ Unliquidated  |          |
|       | Debtor 1 and Debtor 2 only  | □ Disputed  |          |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | ☐ Yes   | ■ Other Specify RE: Yellow Poplar Emergency Physicians  |          |
| 4.1   |   |   |          |
| 8     | NCO Financial   | Last 4 digits of account number 0239  | \$60.00  |
|       | Nonpriority Creditor's Name Attn: Officer Manager or Agent PO Box 15636 Wilmington, DE 19850    | When was the debt incurred?   |          |
|       | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.   |   |          |
|       | Debtor 1 only   | ☐ Contingent  |          |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|       | debt<br>Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
|       | ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |          |
|       | ☐ Yes   | ■ Other. Specify RE: Yellow Poplar Emergency Physicians   |          |
|       |   |   |          |

| 1 Yolanda Faye Currie   | Case number (if know) 3:17-bk-02080   |                |
|---|---|----------------|
| Otolaryngology Assoc of TN  | Last 4 digits of account number   | \$37.5         |
| Nonpriority Creditor's Name Attn: Officer Manager or Agent PO Box 331049                                  | When was the debt incurred?   |                |
| Nashville, TN 37203-7508  Number Street City State Zlp Code  Who incurred the debt? Check one.            | As of the date you file, the claim is: Check all that apply   |                |
| ■ Debtor 1 only   | ☐ Contingent  |                |
| Debtor 2 only   | ☐ Unliquidated  |                |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                |
| ☐ Check if this claim is for a community  | ☐ Student loans   |                |
| debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |                |
| Yes   | Other. Specify  |                |
| Purchasing Power  | Last 4 digits of account number   | \$1,638.7      |
| Nonpriority Creditor's Name Attn: Officer Manager or Agent 1349 W Peachtree St NW #1100 Atlanta, GA 30309 | When was the debt incurred?   | <b>V</b> 1,000 |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim is: Check all that apply   |                |
| ■ Debtor 1 only   | ☐ Contingent  |                |
| ☐ Debtor 2 only   | ☐ Unliquidated  |                |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                |
| ☐ Check if this claim is for a community  | ☐ Student loans   |                |
| debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
| ■ No  | lacksquare Debts to pension or profit-sharing plans, and other similar debts                                      |                |
| Yes   | Other. Specify  |                |
| Quantum Servicing Corp  | Last 4 digits of account number   | \$455.1        |
| Nonpriority Creditor's Name Attn: Officer, Manager or Agent PO Box 788                                    | When was the debt incurred?   |                |
| Kirkland, WA 98083-0788  Number Street City State Zlp Code  Who incurred the debt? Check one.             | As of the date you file, the claim is: Check all that apply   |                |
| ■ Debtor 1 only   | ☐ Contingent  |                |
| Debtor 2 only   | ☐ Unliquidated  |                |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                |
| ☐ Check if this claim is for a community  | ☐ Student loans   |                |
| debt<br>Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                |

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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■ Other. Specify re: Ace Cash Express

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Lease Deficiency ☐ Yes

Official Form 106 E/F

| Passivables Parformanas Marst   |   |          |
|---|---|----------|
| Receivables Performance Mgmt<br>LLC   | Last 4 digits of account number 4673  | \$71.00  |
| Nonpriority Creditor's Name Attn: Officer Manager or Agent 20816 44th Ave W | When was the debt incurred?   |          |
| Lynnwood, WA 98036  Number Street City State Zlp Code                       | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.   | ,   |          |
| Debtor 1 only   | ☐ Contingent  |          |
| Debtor 2 only   | ☐ Unliquidated  |          |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
| ☐ At least one of the debtors and another                                   | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                                    | ☐ Student loans   |          |
| debt<br>Is the claim subject to offset?                                     | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
| No  | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Yes   | ■ Other. Specify RE: Columbia House   |          |
| Regions Bank  | Last 4 digits of account number   | \$123.52 |
| Nonpriority Creditor's Name   | Last 4 digits of account number   | Ψ120.02  |
| Attn: Officer   | When was the debt incurred?   |          |
| PO Box 10063  |   |          |
| Birmingham, AL 35202-0063  Number Street City State Zlp Code                | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.   | ,   |          |
| ■ Debtor 1 only   | ☐ Contingent  |          |
| Debtor 2 only   | ☐ Unliquidated  |          |
| ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |          |
| ☐ At least one of the debtors and another                                   | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                                    | ☐ Student loans   |          |
| debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |          |
| ls the claim subject to offset?   | report as priority claims   |          |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| Yes   | Other. Specify Overdrawn Account  |          |
| Regions Bank Consumer   |   | \$700.00 |
| Collections Nonpriority Creditor's Name                                     | Last 4 digits of account number   | \$700.00 |
| Attn: Officer   | When was the debt incurred?   |          |
| Drawer 550 PO Box 11407   |   |          |
| Birmingham, AL 35246-8651  Number Street City State Zlp Code                | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.   | 76 of the date you me, the claim is: of book an that apply  |          |
| ■ Debtor 1 only   | ☐ Contingent  |          |
| Debtor 2 only   | ☐ Unliquidated  |          |
| ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |          |
| ☐ At least one of the debtors and another                                   | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                                    | ☐ Student loans   |          |
| debt s the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |          |
| ☐ Yes   | Other. Specify  |          |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Yolanda Faye Currie  | Case number (if know) 3:17-bk-02080  |         |
|--|--|---------|
| Rent A Center  | Last 4 digits of account number  | \$0.0   |
| Nonpriority Creditor's Name Attn: Officer Manager or Agent 3725 Clarksville Pike Nashville, TN 37218 | When was the debt incurred?  |         |
| Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |         |
| Who incurred the debt? Check one.  |  |         |
| Debtor 1 only  | ☐ Contingent   |         |
| Debtor 2 only  | ☐ Unliquidated   |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |         |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |         |
| ☐ Check if this claim is for a community   | ☐ Student loans  |         |
| debt Is the claim subject to offset?   | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| No   | Debts to pension or profit-sharing plans, and other similar debts  |         |
| Yes  | ■ Other. Specify Notice Only   |         |
| Resurgent Capital Services   | Last 4 digits of account number  | \$327.9 |
| Nonpriority Creditor's Name Attn Officer Manager or Agent PO Box 10587                               | When was the debt incurred?  | ,       |
| Greenville, SC 29603   |  |         |
| Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |         |
| Who incurred the debt? Check one.  |  |         |
| Debtor 1 only  | ☐ Contingent   |         |
| Debtor 2 only  | ☐ Unliquidated   |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |         |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |         |
| ☐ Check if this claim is for a community   | ☐ Student loans  |         |
| debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |         |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |         |
| Yes  | Other. Specify re: LVNV  |         |
| Robinson Reagan & Young PLLC Nonpriority Creditor's Name   | Last 4 digits of account number 2531   | \$592.0 |
| Attn: Officer Manager or Agent<br>105 Broadway #300<br>Nashville, TN 37201                           | When was the debt incurred?  |         |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim is: Check all that apply  |         |
| Debtor 1 only  | ☐ Contingent   |         |
| Debtor 2 only  | ☐ Unliquidated   |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |         |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |         |
| ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                          |         |
| Is the claim subject to offset?  | report as priority claims  |         |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |         |
| Yes  | ■ Other, Specify RE: Nashville Electric Service  |         |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debt     | or 1 Yolanda Faye Currie   | Case number (if know) 3:17-bk-02080   |          |
|----------|--|---|----------|
| 4.3<br>1 | Robinson Reagan & Young PLLC   | Last 4 digits of account number   | \$483.56 |
| 1        | Nonpriority Creditor's Name Attn: Officer Manager or Agent 446 James Robertson Pkwy #200 Nashville, TN 37219 | When was the debt incurred?   | ·        |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |          |
|          | ■ Debtor 1 only  | ☐ Contingent  |          |
|          | Debtor 2 only  | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|          | No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |          |
|          | Yes  | ■ Other. Specify re: Davidson County Criminal   |          |
| 4.3<br>2 | RSSI   | Last 4 digits of account number XXXX  | \$120.00 |
|          | Nonpriority Creditor's Name Attn: Officer Manager or Agent PO Box 669  | When was the debt incurred?   | ·        |
|          | Natchez, MS 39121-0669  Number Street City State Zlp Code  Who incurred the debt? Check one.                 | As of the date you file, the claim is: Check all that apply   |          |
|          | ■ Debtor 1 only  | ☐ Contingent  |          |
|          | Debtor 2 only  | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|          | □ Yes  | ■ Other. Specify RE: American Current Care TN   |          |
| 4.3      |  |   |          |
| 3        | Saint Thomas Midtown Hospital  Nonpriority Creditor's Name   | Last 4 digits of account number   | \$650.00 |
|          | Attn: Officer Manager or Agent PO Box 501058 Saint Louis, MO 63150   | When was the debt incurred?   |          |
|          | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |          |
|          | Who incurred the debt? Check one.  |   |          |
|          | Debtor 1 only  | ☐ Contingent  |          |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community   | Student loans   |          |
|          | debt Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
|          | No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|          |  |   |          |
|          | ☐ Yes  | Other. Specify  |          |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Yolanda Faye Currie   | Case number (if know) 3:17-bk-02080   |           |
|---|---|-----------|
| Speedy Cash   | Last 4 digits of account number   | \$500.0   |
| Nonpriority Creditor's Name Attn: Officer Manager or Agent 8400 E 32nd St N             | When was the debt incurred?   | ·         |
| Wichita, KS 67226  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |           |
| Debtor 1 only   | ☐ Contingent  |           |
| Debtor 2 only   | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |           |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community  | ☐ Student loans   |           |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |           |
| Yes   | Other. Specify Loan   |           |
| US Department of Education  |   | \$26 A77  |
| US Department of Education  Nonpriority Creditor's Name                                 | Last 4 digits of account number XXXX  | \$26,477. |
| Attn: Officer Manager or Agent P O Box 530260   | When was the debt incurred?   |           |
| Atlanta, GA 30353-0260  Number Street City State Zlp Code                               | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.   |   |           |
| Debtor 1 only   | ☐ Contingent  |           |
| ☐ Debtor 2 only   | ☐ Unliquidated  |           |
| ☐ Debtor 1 and Debtor 2 only  | Disputed  |           |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community  | Student loans   |           |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |
| Yes   | Other. Specify  |           |
| Verizon Wireless Bankruptcy Admin   | Last 4 digits of account number 0001  | \$626.    |
| Nonpriority Creditor's Name Attn: Officer Manager or Agent 500 Technology Drive #550    | When was the debt incurred?   |           |
| Saint Charles, MO 63304  Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.   | As of the date you me, the claim is. Oneok an that apply  |           |
| ■ Debtor 1 only   | ☐ Contingent  |           |
| Debtor 2 only   | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |           |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community  | ☐ Student loans   |           |
| debt  | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |           |
| Is the claim subject to offset?   | report as priority claims   |           |

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify

| Debtor          | 1 Yolanda Faye Currie   |   | Case number (if know)   | 3:17-bk-02           | 080                       |
|-----------------|---|---|---|----------------------|---------------------------|
| 4.3             | Virginia State Police   | Last 4 digits of account numb   | per   |                      | \$220.00                  |
|                 | Nonpriority Creditor's Name Attn: Officer Manager or Agent PO box 27472   | When was the debt incurred?   |   |                      | -                         |
|                 | Richmond, VA 23261  Number Street City State Zlp Code   | As of the date you file, the cla  | im is: Check all that apply                                   |                      |                           |
|                 | Who incurred the debt? Check one.   |   |   |                      |                           |
|                 | Debtor 1 only   | Contingent  |   |                      |                           |
|                 | Debtor 2 only   | ☐ Unliquidated  |   |                      |                           |
|                 | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsec   | ured claim:   |                      |                           |
|                 | ☐ Check if this claim is for a community  | ☐ Student loans   | u. cu c.u   |                      |                           |
|                 | debt  | Obligations arising out of a s  | separation agreement or divorce                               | that you did not     |                           |
|                 | Is the claim subject to offset?   | report as priority claims   |   | •                    |                           |
|                 | ■ No  | Debts to pension or profit-sh   | naring plans, and other similar de                            | ebts                 |                           |
|                 | Yes   | Other. Specify Speedin  | g ticket  |                      | -                         |
| 4.3             | Wells Fargo Bank NA   | Last 4 digits of account numb   | per   |                      | \$741.00                  |
|                 | Nonpriority Creditor's Name Attn: Officer 4137 121st Street   | When was the debt incurred?   |   |                      | -                         |
|                 | Urbandale, IA 50323-2310  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the cla  | im is: Check all that apply                                   |                      |                           |
|                 | Debtor 1 only   | ☐ Contingent  |   |                      |                           |
|                 | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                      |                           |
|                 | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                      |                           |
|                 | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsec   | ured claim:   |                      |                           |
|                 | ☐ Check if this claim is for a community  | ☐ Student loans   |   |                      |                           |
|                 | debt Is the claim subject to offset?  | ☐ Obligations arising out of a s report as priority claims                            | separation agreement or divorce                               | that you did not     |                           |
|                 | ■ No  | Debts to pension or profit-sh   | naring plans, and other similar de                            | ebts                 |                           |
|                 | Yes   | Other. Specify Overdra  | wn account  |                      | -                         |
| Part 3:         | List Others to Be Notified About a D  | ebt That You Already Listed   |   |                      |                           |
| is tryi<br>have | nis page only if you have others to be notified<br>ng to collect from you for a debt you owe to a<br>more than one creditor for any of the debts the<br>ed for any debts in Parts 1 or 2, do not fill out | someone else, list the original credito<br>hat you listed in Parts 1 or 2, list the a | or in Parts 1 or 2, then list the                             | collection agency    | y here. Similarly, if you |
|                 | nd Address<br>ican Infosource LP  | On which entry in Part 1 or Part 2 did Line <b>4.36</b> of ( <i>Check one</i> ):      | you list the original creditor?  Part 1: Creditors with Prior | ity Unsecured Clai   | ims                       |
| PO Bo           | Officer Manager or Agent ox 248838  |   | Part 2: Creditors with Nonp                                   | priority Unsecured   | Claims                    |
| Okian           | oma City, OK 73124  | Last 4 digits of account number   |   |                      |                           |
|                 | nd Address<br>Iolder Esq  | On which entry in Part 1 or Part 2 did Line <b>4.35</b> of ( <i>Check one</i> ):      | you list the original creditor?  Part 1: Creditors with Prior | ity I Insecured Clai | ime                       |
|                 | d States Attorney General   | ente <u>1100</u> of (Oneok one).  | Part 2: Creditors with Nonp                                   | •                    |                           |
| 950 P           | ennsylvania Ave NW  |   | — Fait 2. Cleditors with North                                | ononly onsecured     | Ciairis                   |
| Wash            | ington, DC 20530-0001   | Last 4 digits of account number   |   |                      |                           |
|                 | nd Address  | On which entry in Part 1 or Part 2 did  | you list the original creditor?                               |                      |                           |
| -               | E Martin Esq  | Line <b>4.35</b> of ( <i>Check one</i> ):   | Part 1: Creditors with Prior                                  | -                    |                           |
|                 | torney<br>roadway #400  |   | Part 2: Creditors with Nonp                                   | oriority Unsecured   | Claims                    |
|                 | ville, TN 37203   | Last 4 digits of account number   |   |                      |                           |
|                 |   |   |   |                      |                           |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor 1 Y  | olanda Faye Currie  |   | Case no                  | umber (if know)              | 3:17-bk-02080                                   |                 |
|---|---|---|--------------------------|------------------------------|---|-----------------|
| Name and Address Nashville Electric Service Attn: Officer Manager or Agent 1214 Church St Nashville, TN 37246 |   | On which entry in Part 1 or Part 2 did y Line 4.30 of (Check one):  Last 4 digits of account number       | ☐ Part 1: C              | Creditors with Priori        | ty Unsecured Claims<br>riority Unsecured Claims |                 |
| Attn: Offic<br>PO Box 19  | t Capital Services<br>er Manager or Agent   |   | ☐ Part 1: C              | Creditors with Priori        | ty Unsecured Claims<br>riority Unsecured Claims |                 |
| Attn: Offic   | Reagan & Young PLLC<br>er Manager or Agent<br>s Robertson Pkwy #200                 | Con which entry in Part 1 or Part 2 did y Line 4.30 of (Check one):  Last 4 digits of account number      | ☐ Part 1: C              | Creditors with Priori        | ty Unsecured Claims<br>riority Unsecured Claims |                 |
| Attn: Offic<br>PO Box 79  | p Bankruptcy Dept<br>er Manager or Agent  | On which entry in Part 1 or Part 2 did y  | ☐ Part 1: C              | Creditors with Priori        | ty Unsecured Claims<br>riority Unsecured Claims |                 |
|   | enerals Office BK Unit<br>udent Assistance Corp<br>0207                             | On which entry in Part 1 or Part 2 did y Line 4.35 of (Check one):  Last 4 digits of account number       | ☐ Part 1: C              | Creditors with Priori        | ty Unsecured Claims<br>riority Unsecured Claims |                 |
| Attn: Offic<br>PO Box 89  | f Education<br>er Manager or Agent  | On which entry in Part 1 or Part 2 did y  | ☐ Part 1: C              | Creditors with Priori        | ty Unsecured Claims<br>riority Unsecured Claims |                 |
| Name and Ad<br>Wells Farg<br>Attn: Offic<br>PO Box 50<br>Portland, 0  | go Bank<br>eer<br>958 MAC P6053-021   | On which entry in Part 1 or Part 2 did y Line 4.38 of (Check one):  | Part 1: 0                | Creditors with Priori        | ty Unsecured Claims<br>riority Unsecured Claims |                 |
|   |   | Last 4 digits of account number   |                          |                              |   |                 |
| 6. Total the ar   | dd the Amounts for Each Type of mounts of certain types of unsecured cecured claim. |   | Il reporting             |                              |   | mounts for each |
| Total<br>claims<br>from Part 1  | 6c. Claims for death or person  | bts you owe the government al injury while you were intoxicated unsecured claims. Write that amount here. | 6a.<br>6b.<br>6c.<br>6d. | * Total  \$ \$  \$ \$  \$ \$ | 971.86<br>0.00<br>0.00                          |                 |

Student loans 6f. Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 6g.

6e. Total Priority. Add lines 6a through 6d.

Total Claim

971.86

0.00

26,477.26

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

6e.

Debtor 1 Yolanda Faye Currie

Case number (if know) 3:17-bk-02080

- you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount
- Total Nonpriority. Add lines 6f through 6i.

| 6h. | \$<br>0.00      |
|-----|-----------------|
| 6i. | \$<br>15,698.65 |
| 6j. | \$<br>42,175.91 |

| Fill in this inform                     | mation to identify your | case:                        |           |  |                                    |
|---|-------------------------|------------------------------|-----------|--|------------------------------------|
| Debtor 1                                | Yolanda Faye Currie     |                              |           |  |                                    |
|   | First Name              | Middle Name                  | Last Name |  |                                    |
| Debtor 2                                |                         |                              |           |  |                                    |
| (Spouse if, filing)                     | First Name              | Middle Name                  | Last Name |  |                                    |
| United States Bankruptcy Court for the: |                         | MIDDLE DISTRICT OF TENNESSEE |           |  |                                    |
| Case number                             | 3:17-bk-02080           |                              |           |  |                                    |
| (if known)                              |                         |                              |           |  | Check if this is an amended filing |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code |        |          |          | State what the contract or lease is for |  |  |
|-----|--|--------|----------|----------|---|--|--|
| .1  |  |        |          |          |   |  |  |
|     | Name   |        |          |          | <del></del>                             |  |  |
|     | Number   | Street |          |          | _                                       |  |  |
|     | City   |        | State    | ZIP Code | <u> </u>                                |  |  |
| .2  |  |        |          |          |   |  |  |
|     | Name   |        |          |          |   |  |  |
|     | Number   | Street |          |          | <u> </u>                                |  |  |
|     | City   |        | State    | ZIP Code | <del>_</del>                            |  |  |
| 2.3 |  |        |          |          |   |  |  |
|     | Name   |        |          |          |   |  |  |
|     | Number   | Street |          |          | _                                       |  |  |
|     | City   |        | State    | ZIP Code | _                                       |  |  |
| .4  | <u> </u>   |        | <u> </u> | 2 0000   |   |  |  |
|     | Name   |        |          |          | _                                       |  |  |
|     | Number   | Street |          |          | _                                       |  |  |
|     | City   |        | State    | ZIP Code | <u> </u>                                |  |  |
| 2.5 | /  |        |          |          |   |  |  |
|     | Name   |        |          |          | <del>_</del>                            |  |  |
|     | Number   | Street |          |          | <u> </u>                                |  |  |
|     | City   |        | State    | ZIP Code | <u> </u>                                |  |  |

| Fill in this inf               | formation to identify your   | case:                          |   |  |   |
|--------------------------------|--|--------------------------------|---|--|---|
| Debtor 1                       | Yolanda Faye Cui   |                                |   |  |   |
| Debtor 2                       | First Name   | Middle Name                    | Last Name   |  |   |
| (Spouse if, filing)            | First Name   | Middle Name                    | Last Name   |  |   |
| United States                  | Bankruptcy Court for the:  | MIDDLE DISTRICT OF             | TENNESSEE   |  |   |
| Case number                    | 3:17-bk-02080  |                                |   |  |   |
| (if known)                     |  |                                |   |  | ☐ Check if this is an amended filing  |
| Official F                     | Form 106H  |                                |   |  |   |
|                                | le H: Your Cod   | ebtors                         |   |  | 12/15   |
| 1. Do you □ No ■ Yes 2. Within |  | you are filing a joint case, o | do not list either spouse as pouse as pouse as pour poperty state or territory? | (Community proper  | ty states and territories include   |
| ■ No. Go                       | California, Idaho, Louisiana,<br>o to line 3.<br>id your spouse, former spou |                                | · · · · · ·   | iton, and Wisconsin.                                       | )   |
| in line 2                      | again as a codebtor only it<br>5D), Schedule E/F (Official                   | f that person is a guarant     | or or cosigner. Make su   | re you have listed t                                       | ng with you. List the person show<br>he creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to f |
|                                | umn 1: Your codebtor<br>e, Number, Street, City, State and ZI                | P Code                         |   | Column 2: The cr<br>Check all schedul                      | editor to whom you owe the debt es that apply:  |
| 27′<br>Na                      | von Currie<br>13 Delaware Ave<br>shville, TN 37209<br>other                  |                                |   | ☐ Schedule D, I ■ Schedule E/F ☐ Schedule G _ Raymond Pugh | f, line 4.24  |

| Debtor 1 Yolanda Faye Currie    Debtor 2   September   Sirange   S | E#II                  | in this information to identify your c  | 200.                          |   |                      |              |                              |                                       |                           |
|--|-----------------------|---|-------------------------------|---|----------------------|--------------|------------------------------|---------------------------------------|---------------------------|
| Debtor 2   Spouse, Hirring   United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE  Case number 3:17-bk-02080  United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE  Case number 3:17-bk-02080  Official Form 106l  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheat to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information about additional employers.  If you have more than one job, attach a separate gage with information about additional employers.  Occupation may include student or homemaker, if it applies.  Employer's andress  Case number (if known). Answer every question on the information about your spouse. If more space is needed, Not employed Not employed  Not empl |                       |   |                               |   |                      |              |                              |                                       |                           |
| Case number (If known)    Check if this is:  |                       | otor 2  |                               |   |                      | _            |                              |                                       |                           |
| Official Form 106I Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for sputplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part I: Describe Employment  1. Fill in your employment information about additional pages, write your name and case number (if known). Answer every question.  Part I: Debtor 1 Debtor 2 or non-filing spouse   | Unit                  | ed States Bankruptcy Court for the  | : MIDDLE DISTRICT O           | F TENNESSEE                                     |                      | _            |                              |                                       |                           |
| Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with uniformation about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   |                       | 0111 511 0200   |                               |   |                      |              | An amende<br>A suppleme      | ed filing<br>ent showing postpet      |                           |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing pointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   | <u>O</u> 1            | ficial Form 106l  |                               |   |                      |              |                              |                                       |                           |
| supplying correct information. If you are married and not filing jointly, and your spouse is its living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:  | So                    | chedule I: Your Inc   | ome                           |   |                      |              |                              |                                       | 12/15                     |
| 1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Occupation may include student or homemaker, if it applies.  Employer's name Employer's Hermitage Hall  Employer's address Nashville, TN 37203  How long employed there? Since April, 2017  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.  If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse 2. \$ 3,075.95 \$ N/A  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,075.95 \$ N/A  3. Estimate and list monthly overtime pay.   | supp<br>spou<br>attac | olying correct information. If you use. If you are separated and you has a separate sheet to this form. | are married and not filing wi | ng jointly, and your s<br>th you, do not includ | pouse i<br>le inforr | s living wi  | th you, incl<br>out your spo | ude information abouse. If more space | oout your<br>e is needed, |
| information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Debtor 1  Employed  Not emp  |                       |   |                               |   |                      |              |                              |                                       |                           |
| attach a separate page with information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address Nashville, TN 37203  How long employed there?  Since April, 2017  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,075.95 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   | 1.                    |   |                               | Debtor 1  |                      |              | Debtor 2                     | or non-filing spo                     | use                       |
| Include part-time, seasonal, or self-employer's name  Employer's name  Employer's address  ATTN Payroll 1220 8th Ave S Nashville, TN 37203  How long employed there?  Since April, 2017  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,075.95 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                       |   | Employment status             |   |                      |              |                              |                                       |                           |
| Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address ATTN Payroll 1220 8th Ave S Nashville, TN 37203  How long employed there? Since April, 2017  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,075.95 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                       | information about additional  | Occupation                    |   |                      |              | □ Not e                      | трюуеа                                |                           |
| Occupation may include student or homemaker, if it applies.  Employer's address Nashville, TN 37203  How long employed there?  Since April, 2017  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,075.95 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   |                       |   | •                             | •   |                      |              |                              |                                       |                           |
| The space or homemaker, if it applies.  1220 8th Ave S Nashville, TN 37203  How long employed there? Since April, 2017  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   |                       | self-employed work.   |                               | Hermitage Hall                                  |                      |              |                              |                                       |                           |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   |                       |   | Employer's address            | 1220 8th Ave S                                  | 203                  |              |                              |                                       |                           |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. +\$ 0.00 +\$ N/A   |                       |   | How long employed the         | here? Since A                                   | pril, 20             | 17           | _                            |                                       |                           |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,075.95 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  | Par                   | Give Details About Mor  | nthly Income                  |   |                      |              |                              |                                       |                           |
| For Debtor 1  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  For Debtor 1  For Debtor 2 or non-filling spouse  2. \$ 3,075.95 \$ N/A  3. +\$ 0.00 +\$ N/A  |                       |   | ate you file this form. If y  | you have nothing to re                          | port for             | any line, wi | rite \$0 in the              | space. Include you                    | r non-filing              |
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 3,075.95 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   | ,                     | , , ,   |                               | ombine the information                          | for all e            | employers f  | or that perso                | on on the lines below                 | v. If you need            |
| 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 3,075.95 \$ N/A  3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A   |                       |   |                               |   |                      | For D        | ebtor 1                      |                                       |                           |
|  | 2.                    |   |                               |   | 2.                   | \$           | 3,075.95                     | \$ <b>N</b>                           | V/A                       |
| 4. Calculate gross Income. Add line 2 + line 3. 4. \$\ \[ \\$ \ \] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | 3.                    | Estimate and list monthly overt   | ime pay.                      |   | 3.                   | +\$          | 0.00                         | +\$ <b>N</b>                          | <b>1/A</b>                |
|  | 4.                    | Calculate gross Income. Add lin   | ne 2 + line 3.                |   | 4.                   | \$3          | ,075.95                      | \$N/A                                 | <u>\</u>                  |

| Debt | or 1          | Yolanda Faye Currie   | _          |     | Case       | number (if k | nown         | ) <u>3</u> | :17-bk-  | 020  | 80            |                    |
|------|---------------|---|------------|-----|------------|--------------|--------------|------------|----------|------|---------------|--------------------|
|      |               |   |            |     | For        | Debtor 1     |              |            | For Deb  |      |               |                    |
|      | Сор           | y line 4 here   | 4.         |     | \$         | 3,07         | 5.95         |            | \$       | 9 0  | N/A           | <u> </u>           |
| 5.   | List          | all payroll deductions:   |            |     |            |              |              |            |          |      |               |                    |
| Ο.   | 5a.           | Tax, Medicare, and Social Security deductions   | 5          | 2   | \$         | 260          | 9.12         | ,          | \$       |      | N/A           |                    |
|      | 5b.           | Mandatory contributions for retirement plans  | 5l         |     | \$<br>_    |              | 0.00         | _          | \$       |      | N/A           |                    |
|      | 5c.           | Voluntary contributions for retirement plans  | 50         |     | \$_        |              | 1.52         | _          | \$       |      | N/A           | _                  |
|      | 5d.           | Required repayments of retirement fund loans  | 50         |     | \$_        |              | 0.00         |            | \$       |      | N/A           | _                  |
|      | 5e.           | Insurance   | 56         | e.  | \$         |              | 3.96         | _          | \$       |      | N/A           |                    |
|      | 5f.           | Domestic support obligations  | 5f         | f.  | \$         |              | 0.00         | _          | \$       |      | N/A           | <u> </u>           |
|      | 5g.           | Union dues  | 5          | g.  | \$         |              | 0.00         | <u> </u>   | \$       |      | N/A           | <u>.</u>           |
|      | 5h.           | Other deductions. Specify:  | 5h         | h.+ | \$         |              | 0.00         | ) +        | \$       |      | N/A           | <u>\</u>           |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         |     | \$_        | 70           | 4.60         | )          | \$       |      | N/A           | <u>\</u>           |
| 7.   | Cald          | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         |     | \$_        | 2,37         | 1.35         | 5          | \$       |      | N/A           | <u>\</u>           |
| 8.   | List<br>8a.   | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88         | a   | \$         |              | 0.00         | •          | \$       |      | N/A           |                    |
|      | 8b.           | Interest and dividends  | 81         |     | \$-        |              | 0.00         | _          | \$       |      | N/A           |                    |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   | t          |     | · <u> </u> |              |              | _          |          |      |               | _                  |
|      | 04            | settlement, and property settlement.  | 80<br>80   |     | \$_<br>\$  |              | 0.00         |            | \$       |      | N/A           | _                  |
|      | 8d.<br>8e.    | Unemployment compensation Social Security   | 86         |     | -\$<br>-   |              | 0.00<br>0.00 |            | ֆ<br>\$  |      | N/A<br>N/A    |                    |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:       |            |     | \$         |              | 0.00         | _          | \$       |      | N/A           | _                  |
|      | 8g.           | Pension or retirement income  | 8 <u>(</u> |     | \$         |              | 0.00         |            | \$       |      | N/A           | <u> </u>           |
|      | 8h.           | Other monthly income. Specify:  | 8l         | h.+ | \$_        |              | 0.00         | ) +        | \$       |      | N/A           | <u>\</u>           |
| 9.   | Add           | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | . [ | \$         | (            | 0.00         | )          | \$       |      | N/            | Α                  |
| 10.  |               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.        | \$  |            | 2,371.35     | +            | \$         | N.       | /A   | = \$ _        | 2,371.35           |
| 11.  | Inclu<br>othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you are friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:       | r dep      |     |            | •            |              | -          | in Sched | dule |               | 0.00               |
| 12.  |               | I the amount in the last column of line 10 to the amount in line 11. The real ethat amount on the Summary of Schedules and Statistical Summary of Certailies  |            |     |            |              |              |            | it       | 12.  | \$            | 2,371.35           |
| 13.  | Doy           | you expect an increase or decrease within the year after you file this form   | 1?         |     |            |              |              |            |          |      | Comb<br>month | ined<br>Ily income |

No.

Yes. Explain:

| Fill | in this informa                 | tion to identify yo                   | our case.       |  |  | 1           |                   |   |
|------|---------------------------------|---------------------------------------|-----------------|--|--|-------------|-------------------|---|
| Deb  |                                 |                                       |                 |  |  | Chr         | eck if this is:   |   |
| Deb  | 101 1                           | Yolanda Fay                           | e Currie        |  |  |             | An amended filing |   |
|      | tor 2<br>ouse, if filing)       |                                       |                 |  |  |             |                   | wing postpetition chapter the following date: |
| ``   |                                 | . 0 . ( . 1                           | . MIDDLI        |  | 255                                    |             | MM / DD / YYYY    |   |
| Unit | ed States Bankr                 | uptcy Court for the                   | : MIDDLE        | E DISTRICT OF TENNESS  | <u>SEE</u>                             |             | MIM / DD / YYYY   |   |
|      | e number 3:                     | 17-bk-02080                           |                 |  |  |             |                   |   |
| Of   | fficial Fo                      | rm 106J                               |                 |  |  |             |                   |   |
|      |                                 | J: Your                               |                 |  |  |             |                   | 12/15   |
| info | rmation. If m                   |                                       | eded, atta      | . If two married people ar<br>ch another sheet to this<br>n. |  |             |                   |   |
| Par  | t 1: Descr                      | ibe Your House                        | hold            |  |  |             |                   |   |
| 1.   | Is this a join                  |                                       |                 |  |  |             |                   |   |
|      | ■ No. Go to                     |                                       | in a sonar      | ate household?   |  |             |                   |   |
|      | □ 103. <b>D00</b>               |                                       | iii a sepaii    | ate flouseffold:   |  |             |                   |   |
|      |                                 |                                       | st file Offici  | al Form 106J-2, <i>Expenses</i>                              | for Separate House                     | ehold of De | btor 2.           |   |
| 2.   | Do you have                     | e dependents?                         | ■ No            |  |  |             |                   |   |
|      | Do not list Do<br>Debtor 2.     | ebtor 1 and                           | ☐ Yes.          | Fill out this information for each dependent                 | Dependent's relat<br>Debtor 1 or Debto |             | Dependent's age   | Does dependent live with you?                 |
|      | Do not state                    |                                       |                 |  |  |             |                   | □ No  |
|      | dependents                      | names.                                |                 |  |  |             |                   | ☐ Yes<br>☐ No                                 |
|      |                                 |                                       |                 |  |  |             |                   | ☐ Yes   |
|      |                                 |                                       |                 |  |  |             |                   | □ No  |
|      |                                 |                                       |                 |  |  |             |                   | Yes   |
|      |                                 |                                       |                 |  |  |             |                   | □ No  |
| 3.   | Do your exp                     | enses include                         | _               | No   |  |             |                   | ☐ Yes   |
|      | •                               | f people other t<br>d your depende    | han $_{m \Box}$ | Yes  |  |             |                   |   |
| Par  |                                 | ate Your Ongoi                        |                 |  |  |             |                   |   |
| exp  |                                 |                                       |                 | uptcy filing date unless y<br>y is filed. If this is a supp  |  |             |                   |   |
| Incl | ude expense                     | s paid for with                       | non-cash        | government assistance i                                      | f you know                             |             |                   |   |
|      | value of such<br>ficial Form 10 |                                       | d have inc      | Sluded it on Schedule I: \                                   | our Income                             |             | Your exp          | enses   |
|      |                                 |                                       |                 |  |  |             |                   |   |
| 4.   |                                 | or home owners<br>and any rent for th |                 | ses for your residence. I<br>r lot.                          | nclude first mortgag                   | e<br>4.     | \$                | 433.00  |
|      | If not includ                   | led in line 4:                        |                 |  |  |             |                   |   |
|      | 4a. Real e                      | estate taxes                          |                 |  |  | 4a.         | \$                | 0.00  |
|      | 4b. Prope                       | rty, homeowner's                      |                 |  |  | 4b.         | \$                | 0.00  |
|      |                                 |                                       |                 | ipkeep expenses  |  | 4c.         | ·                 | 0.00  |
| 5.   |                                 | owner's associat                      |                 | dominium dues<br><b>our residence,</b> such as ho            | me equity loans                        | 4d.<br>5.   | ·                 | 0.00<br>0.00                                  |
| ٥.   | , wantional I                   | igage payiii                          | J.113 101 yc    | acoideilee, sucii as ilu                                     | mo equity loans                        | ٥.          | Ψ                 | 0.00  |

| Deb | otor 1 <b>Yolanda</b> | Faye Currie   | Case num    | ber (if known) | 3:17-bk-02080                 |
|-----|-----------------------|---|-------------|----------------|-------------------------------|
| 6.  | Utilities:            |   |             |                |                               |
| 0.  |                       | , heat, natural gas   | 6a.         | \$             | 150.00                        |
|     | 6b. Water, se         | wer, garbage collection   | 6b.         | \$             | 0.00                          |
|     | 6c. Telephon          | e, cell phone, Internet, satellite, and cable services  | 6c.         | \$             | 110.00                        |
|     | 6d. Other. Sp         | ecify:  | 6d.         | \$             | 0.00                          |
| 7.  | Food and hous         | ekeeping supplies   | 7.          | \$             | 300.00                        |
| 8.  | Childcare and         | children's education costs  | 8.          | \$             | 0.00                          |
| 9.  | Clothing, laund       | Iry, and dry cleaning   | 9.          | \$             | 70.00                         |
| 10. |                       | products and services   | 10.         | \$             | 100.00                        |
|     | Medical and de        |   | 11.         |                | 60.00                         |
|     |                       | Include gas, maintenance, bus or train fare.  |             | •              |                               |
|     | Do not include o      |   | 12.         | \$             | 285.00                        |
| 13. | Entertainment,        | clubs, recreation, newspapers, magazines, and books   | 13.         | \$             | 50.00                         |
| 14. | Charitable conf       | tributions and religious donations  | 14.         | \$             | 200.00                        |
| 15. | Insurance.            | •   |             |                |                               |
|     | Do not include in     | nsurance deducted from your pay or included in lines 4 or 20.   |             |                |                               |
|     | 15a. Life insura      | ance  | 15a.        | \$             | 0.00                          |
|     | 15b. Health ins       | surance   | 15b.        | \$             | 0.00                          |
|     | 15c. Vehicle in       | surance   | 15c.        | \$             | 200.00                        |
|     | 15d. Other insu       | urance. Specify:  | 15d.        | \$             | 0.00                          |
| 16. | Taxes. Do not in      | nclude taxes deducted from your pay or included in lines 4 or 20.   |             |                |                               |
|     | Specify:              | , , ,   | 16.         | \$             | 0.00                          |
| 17. | Installment or I      | ease payments:  |             |                |                               |
|     | 17a. Car paym         | ents for Vehicle 1  | 17a.        | \$             | 410.00                        |
|     | 17b. Car paym         | ents for Vehicle 2  | 17b.        | \$             | 0.00                          |
|     | 17c. Other. Sp        | ecify:  | 17c.        | \$             | 0.00                          |
|     | 17d. Other. Sp        |   | 17d.        | \$             | 0.00                          |
| 18. |                       | of alimony, maintenance, and support that you did not report as   |             | · —            |                               |
|     |                       | your pay on line 5, Schedule I, Your Income (Official Form 106I).   |             | \$             | 0.00                          |
| 19. |                       | s you make to support others who do not live with you.  |             | \$             | 0.00                          |
|     | Specify:              |   | 19.         |                |                               |
| 20. | Other real prop       | erty expenses not included in lines 4 or 5 of this form or on Sch   | edule I: Yo | our Income.    |                               |
|     | 20a. Mortgage         | s on other property   | 20a.        | \$             | 0.00                          |
|     | 20b. Real esta        | te taxes  | 20b.        | \$             | 0.00                          |
|     | 20c. Property,        | homeowner's, or renter's insurance  | 20c.        | \$             | 0.00                          |
|     | 20d. Maintena         | nce, repair, and upkeep expenses  | 20d.        | \$             | 0.00                          |
|     | 20e. Homeowr          | ner's association or condominium dues   | 20e.        | \$             | 0.00                          |
| 21. | Other: Specify:       |   | 21.         |                | 0.00                          |
|     |                       |   |             |                |                               |
| 22. | •                     | monthly expenses  |             |                |                               |
|     | 22a. Add lines 4      | •   |             | \$             | 2,368.00                      |
|     | 22b. Copy line 2      | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |             | \$             |                               |
|     | 22c. Add line 22      | a and 22b. The result is your monthly expenses.   |             | \$             | 2,368.00                      |
|     |                       |   |             |                | ,                             |
| 23. | -                     | monthly net income.   |             | •              |                               |
|     |                       | 12 (your combined monthly income) from Schedule I.  | 23a.        |                | 2,371.35                      |
|     | 23b. Copy you         | r monthly expenses from line 22c above.   | 23b.        | -\$            | 2,368.00                      |
|     |                       |   |             |                |                               |
|     |                       | your monthly expenses from your monthly income.   | 220         | \$             | 3.35                          |
|     | The result            | t is your monthly net income.   | 23c.        | Ψ              | 3.33                          |
| 24. | For example, do y     | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? |             |                | ease or decrease because of a |
|     |                       | Explain here:   |             |                |                               |
|     | Yes.                  | LAPIAIII HOTE.  |             |                |                               |

| Fill in this infor   |  |  |   |   |
|--|--|--|---|---|
| Debtor 1   | Yolanda Faye Cu  |  |   |   |
| Dahtar O   | First Name   | Middle Name  | Last Name   |   |
| Debtor 2<br>Spouse if, filing)   | First Name   | Middle Name  | Last Name   | <del></del>   |
| Jnited States Ba   | ankruptcy Court for the:   | MIDDLE DISTRICT OF   | TENNESSEE   |   |
| Case number  | 3:17-bk-02080  |  |   |   |
| if known)  |  |  |   | ☐ Check if this is an amended filing  |
| · · · · -  | 4000   |  |   |   |
| Official For   |  |  | l Daletania Calcado   | ula a   |
| Declara  | tion About a   | ın individua   | l Debtor's Schedu   | JIES 12/15  |
| ou must file th<br>btaining mone<br>ears, or both. 1   | is form whenever you fi<br>y or property by fraud ii<br>I8 U.S.C. §§ 152, 1341, 1  | le bankruptcy schedule<br>n connection with a bar            |   | a false statement, concealing property, or  |
| ou must file thi<br>btaining mone<br>ears, or both. 1  | is form whenever you fi<br>y or property by fraud ii<br>18 U.S.C. §§ 152, 1341, 1  | le bankruptcy schedulen connection with a bar 519, and 3571. | es or amended schedules. Making a   | a false statement, concealing property, or to \$250,000, or imprisonment for up to 20   |
| ou must file thi<br>btaining mone<br>ears, or both. 1  | is form whenever you fi<br>y or property by fraud ii<br>18 U.S.C. §§ 152, 1341, 1  | le bankruptcy schedulen connection with a bar 519, and 3571. | es or amended schedules. Making a<br>nkruptcy case can result in fines up   | a false statement, concealing property, or to \$250,000, or imprisonment for up to 20   |
| ou must file thi btaining mone ears, or both. 1  Sig  Did you pa   | is form whenever you fi<br>y or property by fraud ii<br>18 U.S.C. §§ 152, 1341, 1  | le bankruptcy schedulen connection with a bar 519, and 3571. | es or amended schedules. Making a<br>nkruptcy case can result in fines up   | a false statement, concealing property, or to \$250,000, or imprisonment for up to 20  y forms?  Attach Bankruptcy Petition Preparer's Notice,  |
| ou must file thibtaining mone ears, or both. 1  Sig  Did you pa  No  Yes.  | is form whenever you fi y or property by fraud ii 18 U.S.C. §§ 152, 1341, 1 In Below  ay or agree to pay some  | le bankruptcy schedulen connection with a bar 519, and 3571. | es or amended schedules. Making a<br>nkruptcy case can result in fines up   | a false statement, concealing property, or to \$250,000, or imprisonment for up to 20  y forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| ou must file thibtaining mone ears, or both. 1  Sig  Did you pa  No  Yes.  Under penathat they ar                            | is form whenever you fi y or property by fraud ii 18 U.S.C. §§ 152, 1341, 1 In Below  ay or agree to pay some  Name of person  alty of perjury, I declare  | le bankruptcy schedulen connection with a bar 519, and 3571. | es or amended schedules. Making ankruptcy case can result in fines up by the second schedules filed with this case.   | a false statement, concealing property, or to \$250,000, or imprisonment for up to 20  y forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| ou must file thibtaining mone ears, or both. 1  Sig  Did you pa  No  Yes.  Under penathat they ar                            | is form whenever you fi y or property by fraud ii 18 U.S.C. §§ 152, 1341, 1 In Below  Ay or agree to pay some  Name of person  Alty of perjury, I declare the true and correct.                                  | le bankruptcy schedulen connection with a bar 519, and 3571. | es or amended schedules. Making ankruptcy case can result in fines up by the second schedules are sult in fines up by the second schedules filed with the second schedules. | a false statement, concealing property, or to \$250,000, or imprisonment for up to 20  y forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| ou must file thibtaining mone ears, or both. 1  Sig  Did you pa  No  Yes.  Under penathat they ar  X /s/ Yol  Yoland Signatu | is form whenever you fi y or property by fraud ii l8 U.S.C. §§ 152, 1341, 1 In Below  Ay or agree to pay some  Name of person  Alty of perjury, I declare re true and correct.  landa Faye Currie da Faye Currie | le bankruptcy schedulen connection with a bar 519, and 3571. | es or amended schedules. Making ankruptcy case can result in fines up by the second schedules filed with this case.   | a false statement, concealing property, or to \$250,000, or imprisonment for up to 20  y forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill              | l in this inform   | ation to identify you                      | ır case:   |   |  |   |
|-------------------|--|--|--|---|--|---|
| De                | btor 1   | Yolanda Faye C                             | urrie  |   |  |   |
| D-                | h.t O  | First Name                                 | Middle Name  | Last Name   |  |   |
| 1 -               | btor 2<br>ouse if, filing)   | First Name                                 | Middle Name  | Last Name   |  |   |
| Un                | ited States Ban  | kruptcy Court for the                      | MIDDLE DISTRICT OF T   | ENNESSEE  |  |   |
|                   |  | 47.1.                                      |  |   |  |   |
|                   | se number 3:   | :17-bk-02080                               |  |   |  | Check if this is an amended filing                    |
| <u>O</u> 1        | fficial For  | m 107                                      |  |   |  |   |
| St                | atement (  | of Financial                               | Affairs for Individ  | duals Filing for I                                    | Bankruptcy   | 4/16  |
| info              | ormation. If months in the mon | ore space is needed<br>). Answer every que | , attach a separate sheet to stion.  | this form. On the top of a                            | e equally responsible for sunny additional pages, write you    |   |
| Pa                | rt 1: Give De  | etails About Your M                        | arital Status and Where You  | I Lived Before  |  |   |
| 1.                | What is your   | current marital stat                       | us?  |   |  |   |
|                   | ☐ Married  |  |  |   |  |   |
|                   | ■ Not marri  | ied  |  |   |  |   |
| 2.                | During the las   | st 3 years, have you                       | lived anywhere other than  | where you live now?                                   |  |   |
|                   | □ No   |  |  |   |  |   |
|                   |  | all of the places you                      | lived in the last 3 years. Do n  | ot include where you live no                          | ow.  |   |
|                   | Debtor 1 Price   | or Address:                                | Dates Debtor 1   | Debtor 2 Prior A                                      | ddress:  | Dates Debtor 2  |
|                   | Debtor 1111  | or Address.                                | lived there  | DOUGH Z I HOLF  | idai coo.  | lived there   |
|                   | 1730 21st A<br>Nashville, T  |  | From-To:<br><b>01/2013-10/20</b><br>( <b>Approx</b> )  | ☐ Same as Debto                                       | r1   | ☐ Same as Debtor 1 From-To:                           |
|                   | 2713 Delaw<br>Nashville, 1   | vare Avenue<br>FN 37209                    | From-To:<br><b>10/2016-10/2</b> 0  | ☐ Same as Debto                                       | r1   | ☐ Same as Debtor 1<br>From-To:                        |
| <b>3.</b><br>stat |  |  |  |   | unity property state or territo<br>Rico, Texas, Washington and |   |
|                   | ■ No   |  |  |   |  |   |
|                   | ☐ Yes. Mak   | ke sure you fill out So                    | hedule H: Your Codebtors (O  | fficial Form 106H).                                   |  |   |
| Pa                | rt 2 Explain   | the Sources of Yo                          | ur Income  |   |  |   |
|                   | <u>'</u>   |  |  |   |  |   |
| 4.                | Fill in the total  | amount of income ye                        | mployment or from operatir<br>ou received from all jobs and a<br>u have income that you receiv | all businesses, including pa                          |  | endar years?  |
|                   | □ No   |  |  |   |  |   |
|                   | Yes. Fill i  | in the details.                            |  |   |  |   |
|                   |  |  | Debtor 1   |   | Debtor 2   |   |
|                   |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

|     |                            |  |   | Debtor 1   |  |  | Debtor 2   |   |   |
|-----|----------------------------|--|---|--|--|--|--|---|---|
|     |                            |  |   | Sources of income<br>Check all that apply.   | (befo  | ss income<br>ore deductions and<br>usions)   | Sources of inc   |   | Gross income<br>(before deductions<br>and exclusions) |
|     | the calend<br>nuary 1 to   | dar year:<br>December 3                  | 31, 2018 )  | ■ Wages, commissions, bonuses, tips  |  | \$13,841.77  | ☐ Wages, combonuses, tips  | nmissions,  |   |
|     |                            |  |   | ☐ Operating a business   |  |  | ☐ Operating a  | business  |   |
|     |                            | 1 of currer<br>iled for ban              |   | ■ Wages, commissions, bonuses, tips  |  | \$25,997.00  | ☐ Wages, combonuses, tips  | imissions,  |   |
|     |                            |  |   | ☐ Operating a business   |  |  | ☐ Operating a  | business  |   |
|     | r last calen<br>nuary 1 to | dar year:<br>December 3                  | 31, 2016 )  | ■ Wages, commissions, bonuses, tips  |  | \$21,500.00  | ☐ Wages, combonuses, tips  | ımissions,  |   |
|     |                            |  |   | ☐ Operating a business   |  |  | ☐ Operating a  | business  |   |
|     | List each s                |  | ne gross inco   | e and you have income that me from each source separa  | -  | -  | -  |   | ·   |
|     |                            |  |   | <b>D</b> 14 4  |  |  | <b>D</b> 14 0  |   |   |
|     |                            |  |   | Debtor 1 Sources of income Describe below.   | each<br>(befo  | ss income from<br>n source<br>ore deductions and<br>usions)  | Debtor 2<br>Sources of inc<br>Describe below   |   | Gross income<br>(before deductions<br>and exclusions) |
| Par | t 3: List                  | Certain Pay                              | vments You  | Made Before You Filed for  |  | ,  |  |   |   |
| 6.  | □ No.                      | Neither De individual puring the No. Yes | btor 1 nor D<br>rimarily for a<br>90 days befo<br>Go to line 7.<br>List below e<br>paid that cre<br>not include 1<br>o adjustment<br>r Debtor 2 o | s debts primarily consume ebtor 2 has primarily consipersonal, family, or househore you filed for bankruptcy, deach creditor to whom you payditor. Do not include payments to an attorney for to on 4/01/19 and every 3 years both have primarily consider you filed for bankruptcy, deather to a second | umer de<br>old purpo<br>id you p<br>id a tota<br>nts for d<br>this bank<br>rs after t<br>umer de | ebts. Consumer debi<br>ise."<br>ay any creditor a tota<br>Il of \$6,425* or more<br>omestic support oblic<br>cruptcy case.<br>hat for cases filed on | al of \$6,425* or mo<br>in one or more pay<br>gations, such as ch<br>or after the date o | re?<br>/ments and th<br>nild support a<br>of adjustment | ne total amount you<br>nd alimony. Also, do           |
|     |                            | ■ No.                                    | Go to line 7  |  | , ,  |  |  |   |   |
|     |                            | □ Yes                                    | List below e include payı   | ach creditor to whom you pa<br>nents for domestic support c<br>this bankruptcy case.   |  |  |  |   |   |
|     | Creditor'                  | s Name and                               | Address   | Dates of payme   | ent  | Total amount paid  | Amount you still owe   | Was this p  | payment for   |
|     |                            |  |   |  |  | paid   | Juli OME   |   |   |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 7.  | Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. A alimony. | artners; relatives of any gen<br>a control, or owner of 20% o | eral partners; partner<br>r more of their voting | erships of which yo<br>g securities; and a | ou are a genera<br>ny managing a | al partner; corporations gent, including one for |
|-----|--|---|--|--|----------------------------------|--|
|     | ■ No   |   |  |  |                                  |  |
|     | <ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>   |   |  |  |                                  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                | Amount you still owe                       | Reason for                       | this payment                                     |
| 8.  | Within 1 year before you filed for bankrupt insider?   | cy, did you make any pay                                      | ments or transfer a                              | iny property on a                          | ccount of a d                    | ebt that benefited an                            |
|     | Include payments on debts guaranteed or cos  | signed by an insider.   |  |  |                                  |  |
|     | ■ No   |   |  |  |                                  |  |
|     | ☐ Yes. List all payments to an insider   |   |  |  |                                  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                | Amount you still owe                       | Reason for Include cred          | this payment<br>litor's name                     |
| Pai | rt 4: Identify Legal Actions, Repossessio  | ns, and Foreclosures  |  |  |                                  |  |
|     |  |   |  |  | _                                |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No   |   |  |  |                                  |  |
|     | Yes. Fill in the details.  |   |  |  |                                  |  |
|     | Case title Case number   | Nature of the case  | Court or agency                                  |  | Status of th                     | e case   |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  |   | erty repossessed, f                              | oreclosed, garnis                          | shed, attached                   | d, seized, or levied?                            |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>   |   |  |  |                                  |  |
|     | Creditor Name and Address  | Describe the Property  Explain what happened                  | •  | Date                                       |                                  | Value of the<br>property                         |
|     |  |   |  |  |                                  |  |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No   |   | luding a bank or fir                             | nancial institution                        | n, set off any a                 | mounts from your                                 |
|     | Yes. Fill in the details.  |   |  |  |                                  |  |
|     | Creditor Name and Address  | Describe the action the                                       | creditor took                                    | Date<br>taker                              | action was                       | Amount   |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  |   | erty in the possess                              | ion of an assigne                          | e for the bene                   | efit of creditors, a                             |
|     | ■ No □ Yes   |   |  |  |                                  |  |
| Pai | rt 5: List Certain Gifts and Contributions   |   |  |  |                                  |  |
|     | Within 2 years before you filed for bankrup  | otcy, did you give any gifts                                  | s with a total value                             | of more than \$60                          | 00 per person                    | ?  |
|     | No   |   |  |  |                                  |  |
|     | Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  | Describe the gifts  |  |  | s you gave                       | Value  |
|     | Person to Whom You Gave the Gift and   |   |  | the g                                      | ni to                            |  |
|     | Address:   |   |  |  |                                  |  |

Case number (if known) 3:17-bk-02080

Official Form 107

Debtor 1 Yolanda Faye Currie

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

| DC  | Tolanda Faye Currie   |          |   | (II KIIOWII) 3.17-DK-02           | 2000                      |  |
|-----|---|----------|---|-----------------------------------|---------------------------|--|
|     |   |          |   |                                   |                           |  |
| 14. | Within 2 years before you filed for bank ☐ No   | (ruptcy, | did you give any gifts or contributions with a total  | al value of more than             | \$600 to any charity?     |  |
|     | Yes. Fill in the details for each gift or   | contribu | ution.  |                                   |                           |  |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  |          | Describe what you contributed   | Dates you contributed             | Value                     |  |
|     | Judah Temple of Praise  |          | 10% of income   | Monthly                           | \$200.00                  |  |
| Pa  | rt 6: List Certain Losses   |          |   |                                   |                           |  |
| 15. | Within 1 year before you filed for bankr or gambling?   | uptcy c  | r since you filed for bankruptcy, did you lose any  | thing because of the              | ft, fire, other disaster, |  |
|     | ■ No □ Yes. Fill in the details.  |          |   |                                   |                           |  |
|     | Describe the property you lost and  | Desc     | ribe any insurance coverage for the loss  | Date of your                      | Value of property         |  |
|     | how the loss occurred   | Includ   | de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | loss                              | lost                      |  |
| Pa  | rt 7: List Certain Payments or Transfe  | re       |   |                                   |                           |  |
|     | consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition  No Yes. Fill in the details.                    |          | ers, or credit counseling agencies for services require   | d in your bankruptcy.             |                           |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not                                 | You      | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment         |  |
|     | Rothschild & Ausbrooks, PLLC<br>1222 16th Avenue S Ste 12<br>Nashville, TN 37212-2926   |          | Through Chapter 13 Case No: 17-02080  | \$1,                              |                           |  |
|     | Rothschild & Ausbrooks, PLLC<br>1222 16th Avenue S Ste 12<br>Nashville, TN 37212-2926   |          |   | 5/18/2018                         | \$1,000.00                |  |
| 17. | Within 1 year before you filed for bankr<br>promised to help you deal with your cro<br>Do not include any payment or transfer the | editors  | did you or anyone else acting on your behalf pay or to make payments to your creditors?               | or transfer any prope             | rty to anyone who         |  |
|     | ■ No □ Yes. Fill in the details.  |          |   |                                   |                           |  |
|     | Person Who Was Paid<br>Address  |          | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment         |  |
|     |   |          |   |                                   |                           |  |

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |         |  |                  |   |         |   |   |                           |  |
|-----|--|---------|--|------------------|---|---------|---|---|---------------------------|--|
|     | Person Who Received Transfer Address  Person's relationship to you   |         | Description and property transfer                                      |                  |   | paym    | ibe any property or<br>ents received or debts<br>n exchange |   | Date transfer was<br>nade |  |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr  ■ No □ Yes. Fill in the details.  |         |  | ny property to a | a self  | -settle | d trust or similar devic                                    | e of  | which you are a           |  |
|     | Name of trust Description and value of the property transferred Date Transfer was made   |         |  |                  |   |         |   |   |                           |  |
| Par | t 8: List of Certain Financial Accounts, In  | strun   | nents, Safe Deposi   | t Boxes, and S   | torag   | e Unit  | :s  |   |                           |  |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  |         |  |                  |   |         |   |   |                           |  |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   |         | Last 4 digits of account number instrument                             |                  | Date account was<br>closed, sold,<br>moved, or<br>transferred |         |   | Last balance<br>before closing or<br>transfer |                           |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  No   |         |  |                  |   |         |   |   |                           |  |
|     | Yes. Fill in the details.  Name of Financial Institution   |         |  |                  |   |         |   | Do you still                                  |                           |  |
|     | Address (Number, Street, City, State and ZIP Code)   |         | Address (Number, State and ZIP Code)                                   |                  | 200   |         |   |   | have it?                  |  |
| 22. | Have you stored property in a storage unit   | or pla  | ace other than you   | r home within 1  | 1 yea   | befoi   | re you filed for bankrup                                    | tcy?  | •                         |  |
|     | ■ No □ Yes. Fill in the details.   |         |  |                  |   |         |   |   |                           |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   |         | Who else has or<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                  | Des   | scribe  | the contents  |   | Do you still have it?     |  |
| Par | t 9: Identify Property You Hold or Contro  | l for S | Someone Else   |                  |   |         |   |   |                           |  |
| 23. | Do you hold or control any property that so for someone.   | omeo    | ne else owns? Incl   | ude any prope    | rty yc  | u borı  | rowed from, are storing                                     | រ for,  | or hold in trust          |  |
|     | Yes. Fill in the details.  |         |  |                  |   |         |   |   |                           |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   |         | Where is the proj<br>(Number, Street, City, S<br>Code)                 |                  | Des   | cribe   | the property  |   | Value                     |  |
| Par | t 10: Give Details About Environmental Inf   | iorma   | ition  |                  |   |         |   |   |                           |  |
| For | the purpose of Part 10, the following definit  | ions a  | apply:   |                  |   |         |   |   |                           |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Best Case Bankruptcy

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? п Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed** 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

| vith a         |   | g a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both. |
|----------------|---|--|
| /s/ Yo         | olanda Faye Currie                      |  |
|                | nda Faye Currie<br>ture of Debtor 1     | Signature of Debtor 2  |
| Date           | May 21, 2018                            | Date   |
| Did yo<br>■ No | u attach additional pages to Your State | ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| □Yes           |   |  |
| Did yo         | u pay or agree to pay someone who is    | not an attorney to help you fill out bankruptcy forms?   |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case number (if known) 3:17-bk-02080

Debtor 1 Yolanda Faye Currie

| Fill by this before   |  |  |   |                               |  |
|---|--|--|---|-------------------------------|--|
|   | mation to identify your  |  |   |                               |  |
| Debtor 1  | Yolanda Faye Cu  | rrie<br>Middle Name  | Last Name   |                               |  |
| Debtor 2<br>(Spouse if, filing)                                 | First Name   | Middle Name  | Last Name   |                               |  |
|   | ankruptcy Court for the:   |  | T OF TENNESSEE  |                               |  |
|   |  | - MIDDLE DIGITAL   | T OF TERMILOGEE   |                               |  |
| Case number   | 3:17-bk-02080  |  |   |                               | ☐ Check if this is an amended filing   |
| Official Fo   |  | n for Indiv  | iduals Filing   | Under Chapte                  | r 7 12/15  |
| ■ creditors hav ■ you have leas You must file thi whiche on the | ever is earlier, unless the<br>form<br>eople are filing togethe      | ur property, or<br>nd the lease has n<br>ithin 30 days after<br>e court extends th | ot expired.<br>you file your bankruptcy<br>e time for cause. You mu | ust also send copies to the   | for the meeting of creditors,<br>creditors and lessors you list<br>ormation. Both debtors must |
| Be as complete  | nd date the form.<br>and accurate as possib<br>our name and case nur |  | needed, attach a separa   | ate sheet to this form. On th | ne top of any additional pages,  |
| Part 1: List Y  | our Creditors Who Hav  | e Secured Claims   |   |                               |  |
|   |  | art 1 of Schedule D  | : Creditors Who Have Cl   | aims Secured by Property      | (Official Form 106D), fill in the  |
| information be<br>Identify the cr                               | elow.<br>editor and the property t                                   | hat is collateral  | What do you intend to secures a debt?                               | do with the property that     | Did you claim the property as exempt on Schedule C?  |
| Creditor's <b>E</b> name:                                       | Exeter Finance Corpo   | ration   | ☐ Surrender the prope☐ Retain the property                          | •                             | ■ No   |
| Description of<br>property<br>securing debt:                    | 2011 Toyota Camr<br>miles  | y 112,000  | ■ Retain the property a  Reaffirmation Agree  Retain the property a | ement.                        | ☐ Yes  |
|   |  |  |   |                               | -  |
| For any unexpire in the information                             | on below. Do not list rea  | ase that you listed<br>Il estate leases. Un  | expired leases are lease  |                               | Leases (Official Form 106G), fill<br>lease period has not yet ended.<br>).                     |
| Describe your u   | unexpired personal pro   | perty leases   |   |                               | Will the lease be assumed?   |
| Lessor's name:  |  |  |   |                               | □ No   |
| Description of lea<br>Property:                                 | ased   |  |   |                               | □ Yes  |
| Lessor's name:  |  |  |   |                               | □ No   |
| Description of lea<br>Property:                                 | ased   |  |   |                               | ☐ Yes  |
| Lessor's name:  |  |  |   |                               |  |
| Official Form 108   |  | Statement of In  | tention for Individuals F   | iling Under Chapter 7         | page 1   |

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Best Case Bankruptcy

| Deb         | otor 1  | Yolanda Faye Currie                                    | Case number (if known) 3:17-bk-02080 |  |  |
|-------------|---|--|--------------------------------------|--|--|
|             | scription<br>perty:   | of leased  | □ No                                 |  |  |
| Des         | sor's na<br>scription<br>perty:   | me:<br>of leased                                       | □ No                                 |  |  |
| Des         | sor's nar<br>scription<br>perty:  | me:<br>of leased                                       | □ No □ Yes                           |  |  |
| Des         | sor's nar<br>scription<br>perty:  | me:<br>of leased                                       | □ No □ Yes                           |  |  |
| Des<br>Pro  | perty:  | of leased  | □ No                                 |  |  |
| Und<br>prop | Part 3: Sign Below  Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. |  |                                      |  |  |
| X           | Yolan   | landa Faye Currie<br>da Faye Currie<br>ure of Debtor 1 | X Signature of Debtor 2              |  |  |
|             | Date  | May 21, 2018   | Date                                 |  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Best Case Bankruptcy

Desc Main

#### **United States Bankruptcy Court** Middle District of Tennessee

| In re | Yolanda Faye Currie                  | Case No.  | 3:17-bk-02080 |
|-------|--------------------------------------|-----------|---------------|
|       | Debtor(s)                            | Chapter   | 7             |
|       | DISCLOSURE OF COMPENSATION OF ATTORN | EY FOR DE | BTOR(S)       |

Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept\_\_\_\_\_ Prior to the filing of this statement I have received \$ 1,000.00 Balance Due 2. The source of the compensation paid to me was: Debtor ☐ Other (specify): 3. The source of compensation to be paid to me is: Debtor ☐ Other (specify): ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. 4. ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

- 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. [Other provisions as needed]

For the agreed upon fee, Rothschild & Ausbrooks, PLLC has agreed to perform all regular and routine services to be rendered in this Chapter 13/7 proceeding, which include but are not limited to advice rendered to the debtor before and during the pendency of the case concerning the nature and effect of Chapter 13/7 bankruptcy, preparation and filing of statements and schedules, attendance at the meeting of creditors and confirmation hearing, preparation of defense in the event of a motion for relief from stay, preparation of motions by debtor to amend the plan, add creditors, or suspend payments, and preparation and filing of discharge documents. Other services such as dealing with creditors during the life of the plan, submitting requests for payment reports from the trustee, and other regular and routine services not specifically stated herein, are included without additional charge to the debtor.

By agreement with the debtor(s), the above-disclosed fee does not include the following service: 6.

The debtor has acknowledged that matters may arise in connection with the bankruptcy case which are not included in the regular and routine services to be rendered for the fee quoted. Charges for such additional services will be assessed at our standard hourly rate for the particular attorney working on the case, and shall be in addition to the quoted fee. Debtor has been advised that these charges must be submitted to the Bankruptcy Court for approval. Such services would include, but are not limited to, attendance at depositions or Rule 2004 examinations and other pretrial hearings in regard to objections to confirmation and/or adversary proceedings concerning discharge of debt, research, preparation of briefs, preparation for trial, and court time at trial in such litigated matters.

| In re | Yolanda Faye Currie | Case No. | 3:17-bk-02080 |
|-------|---------------------|----------|---------------|
|       |                     |          |               |

Debtor(s)

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

|   | CERTIFICATION  |
|---|--|
| I certify that the foregoing is a complete sthis bankruptcy proceeding. | statement of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| May 21, 2018  | /s/ Mary Beth Ausbrooks  |
| Date  | Mary Beth Ausbrooks  |
|   | Signature of Attorney  |
|   | Rothschild & Ausbrooks PLLC  |
|   | 1222 16th Avenue South, Suite 12   |
|   | Nashville, TN 37212-2926   |
|   | (615) 242-3996 Fax: (615) 242-2003   |
|   | notice@rothschildbklaw.com   |
|   | Name of law firm   |

## **United States Bankruptcy Court Middle District of Tennessee**

| In re  | Yolanda Faye Currie                   |   | Case No.           | 3:17-bk-02080         |
|--------|---------------------------------------|---|--------------------|-----------------------|
|        | -                                     | Debtor(s)                                       | Chapter            | 7                     |
|        | VERIF                                 | TICATION OF CREDITOR                            | CREDITOR MATRIX    |                       |
| The ab | ove-named Debtor hereby verifies that | at the attached list of creditors is true and c | orrect to the best | of his/her knowledge. |
| Date:  | May 21, 2018                          | /s/ Yolanda Faye Currie                         |                    |                       |
|        |                                       | Yolanda Fave Currie                             |                    |                       |

Signature of Debtor

YOLANDA FAYE CURRIE 1720 KNOWLES ST. APT. A NASHVILLE TN 37208-2437

MARY BETH AUSBROOKS
ROTHSCHILD & AUSBROOKS PLLC
1222 16TH AVENUE SOUTH, SUITE 12
NASHVILLE, TN 37212-2926

AMERICAN INFOSOURCE LP ATTN: OFFICER MANAGER OR AGENT PO BOX 248838 OKLAHOMA CITY OK 73124

BANK OF AMERICA NA/LEGAL ORDER PROCESS ATTN: OFFICER PO BOX 15047 WILMINGTON DE 19850-5047

CAPIO PARTNERS LLC ATTN: OFFICER MANAGER OR AGENT 2222 TEXOMA PKWY #150 SHERMAN TX 75090

CHECK INTO CASH ATTN: OFFICER MANAGER OR AGENT 7052 CHARLOTTE PIKE NASHVILLE TN 37209

DAVIDSON COUNTY TRAFFIC WARRANTS DIV. 408 2ND AVENUE NORTH PO BOX 196302 NASHVILLE TN 37219

ENHANCED RECOVERY CORP ATTN: OFFICER MANAGER OR AGENT PO BOX 57547 JACKSONVILLE FL 32241

ERIC HOLDER ESQ UNITED STATES ATTORNEY GENERAL 950 PENNSYLVANIA AVE NW WASHINGTON DC 20530-0001

EXETER FINANCE CORP/BANKRUPTCY DEPT ATTN: OFFICER MANAGER OR AGENT PO BOX 201347 ARLINGTON TX 76006

EXETER FINANCE CORP/BANKRUPTCY DEPT ATTN: OFFICER MANAGER OR AGENT PO BOX 204480 DALLAS TX 75320

EXETER FINANCE CORPORATION ATTN: OFFICER MANAGER OR AGENT 222 LAS COLINAS BLVD W #1800 IRVING TX 75039-5438

FAMILY PRACTICE ASSOC SO HILLS ATTN: OFFICER MANAGER OR AGENT 3 MARYLAND FARMS #250 BRENTWOOD TN 37027-5053

FINGERHUT

ATTN: OFFICER MANAGER OR AGENT PO BOX 1250 SAINT CLOUD MN 56395-1250

FT SILL NATIONAL BANK ATTN: OFFICER 511 SW A AVE LAWTON OK 73501

GILPIN, DAVID A MD ATTN: OFFICER MANAGER OR AGENT 395 WALLACE ROAD, STE 201 NASHVILLE TN 37211

IRS INSOLVENCY ATTN: OFFICER MANAGER OR AGENT PO BOX 7346 PHILADELPHIA PA 19101-7346

JERRY E MARTIN ESQ US ATTORNEY 801 BROADWAY #400 NASHVILLE TN 37203

KEVON CURRIE 2713 DELAWARE AVE NASHVILLE TN 37209

LABCORP % LCA COLLECTIONS PO BOX 2240 BURLINGTON NC 27216-2240

LCA COLLECTIONS
ATTN: OFFICER MANAGER OR AGENT
PO BOX 2240
BURLINGTON NC 27216-2240

LONGS PARK EMERGENCY PHYS PLLC ATTN: OFFICER MANAGER OR AGENT PO BOX 13667 PHILADELPHIA PA 19101 METRO WATER SERVICES ATTN: OFFICER MANAGER OR AGENT 1700 THIRD AVENUE NORTH NASHVILLE TN 37208-2248

NASHVILLE ELECTRIC SERVICE ATTN: OFFICER MANAGER OR AGENT 1214 CHURCH ST NASHVILLE TN 37246

NASHVILLE STATE COMMUNITY COLLEGE ATTN: BURSAR'S OFFICE 120 WHITE BRIDGE ROAD NASHVILLE TN 37209

NCO CREDIT SERVICES ATTN: OFFICER MANAGER OR AGENT 507 PRUDENTIAL ROAD HORSHAM PA 19044

NCO FINANCIAL ATTN: OFFICER MANAGER OR AGENT PO BOX 15636 WILMINGTON DE 19850

OTOLARYNGOLOGY ASSOC OF TN ATTN: OFFICER MANAGER OR AGENT PO BOX 331049 NASHVILLE TN 37203-7508

PURCHASING POWER ATTN: OFFICER MANAGER OR AGENT 1349 W PEACHTREE ST NW #1100 ATLANTA GA 30309

QUANTUM SERVICING CORP ATTN: OFFICER, MANAGER OR AGENT PO BOX 788 KIRKLAND WA 98083-0788

R1 MEDICAL FINANCIAL SOLUTIONS ATTN: OFFICER MANAGER OR AGENT PO BOX 42008 PHOENIX AZ 85080

RADIOLOGY ALLIANCE PC ATTN: OFFICER MANAGER OR AGENT PO BOX 440166 NASHVILLE TN 37244-0166

RAYMOND PUGH 1730 21ST AVENUE NORTH NASHVILLE TN 37208 RECEIVABLES PERFORMANCE MGMT LLC ATTN: OFFICER MANAGER OR AGENT 20816 44TH AVE W LYNNWOOD WA 98036

REGIONS BANK ATTN: OFFICER PO BOX 10063 BIRMINGHAM AL 35202-0063

REGIONS BANK CONSUMER COLLECTIONS ATTN: OFFICER DRAWER 550 PO BOX 11407 BIRMINGHAM AL 35246-8651

RENT A CENTER ATTN: OFFICER MANAGER OR AGENT 3725 CLARKSVILLE PIKE NASHVILLE TN 37218

RESURGENT CAPITAL SERVICES ATTN OFFICER MANAGER OR AGENT PO BOX 10587 GREENVILLE SC 29603

RESURGENT CAPITAL SERVICES ATTN: OFFICER MANAGER OR AGENT PO BOX 1927 GREENVILLE SC 29602

ROBINSON REAGAN & YOUNG PLLC ATTN: OFFICER MANAGER OR AGENT 105 BROADWAY #300 NASHVILLE TN 37201

ROBINSON REAGAN & YOUNG PLLC ATTN: OFFICER MANAGER OR AGENT 446 JAMES ROBERTSON PKWY #200 NASHVILLE TN 37219

RSSI ATTN: OFFICER MANAGER OR AGENT PO BOX 669 NATCHEZ MS 39121-0669

SAINT THOMAS MIDTOWN HOSPITAL ATTN: OFFICER MANAGER OR AGENT PO BOX 501058
SAINT LOUIS MO 63150

SPEEDY CASH ATTN: OFFICER MANAGER OR AGENT 8400 E 32ND ST N WICHITA KS 67226 SPRINT CORP BANKRUPTCY DEPT ATTN: OFFICER MANAGER OR AGENT PO BOX 7949 OVERLAND PARK KS 66207-0949

TN ATTY GENERALS OFFICE BK UNIT RE: TN STUDENT ASSISTANCE CORP PO BOX 20207 NASHVILLE TN 37202

US DEPARTMENT OF EDUCATION ATTN: OFFICER MANAGER OR AGENT P O BOX 530260 ATLANTA GA 30353-0260

US DEPT OF EDUCATION ATTN: OFFICER MANAGER OR AGENT PO BOX 8973 MADISON WI 53708-8973

VERIZON WIRELESS BANKRUPTCY ADMIN ATTN: OFFICER MANAGER OR AGENT 500 TECHNOLOGY DRIVE #550 SAINT CHARLES MO 63304

VIRGINIA STATE POLICE ATTN: OFFICER MANAGER OR AGENT PO BOX 27472 RICHMOND VA 23261

WELLS FARGO BANK ATTN: OFFICER PO BOX 5058 MAC P6053-021 PORTLAND OR 97208

WELLS FARGO BANK NA ATTN: OFFICER 4137 121ST STREET URBANDALE IA 50323-2310